Public Health
Seattle & King County

Public Health – Seattle & King County

2011 BUSINESS PLAN

Submitted
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Introduction

King County Government has recently adopted a new strategic plan - this plan, along with the Public Health Operational Mater Plan (PHOMP), give direction to the Department of Public Health – that is to identify and promote the conditions under which all people can live within healthy communities and can achieve optimum health.

The King County Council adopted ordinance 15913 on September 17, 2007, approving the Public Health Operational Master Plan (PHOMP). The plan was developed collaboratively with, and the final product endorsed by, a broad group of stakeholders, including the King County Council, the King County Executive Office, the King County Board of Health, the City of Seattle, suburban city representatives, and public health professionals and partners. The scope of the planning process did not include the operations of Jail Health or Emergency Medical Services, which have their own planning and strategic plan processes.

King County's goal is to protect and improve the health and well-being of all people in King County, as defined by per person healthy years lived. In the context of achieving this goal, whenever possible, King County will employ strategies, policies and interventions to reduce health disparities across all segments of the population.

The 2011 Business Plan for Public Health is directly derived from both the King County Strategic Plan and the PHOMP, which sets department goals, principles and key functions. Both plans identify an overarching department goal to increase the number of healthy years lived in King County and eliminate health disparities.

Policy Framework

Public Health's business plan is written in the context of the budget reduction directions from the Office of Management and Budget. The primary driving force for developing these options come from the King County Strategic Plan and the PHOMP; these plans set the policy framework and structure for the department.

Public Health operates in a complex policy and regulatory environment that mandates services from the federal government, state statutes (RCW) and regulations (WAC), and local ordinances via King County, the City of Seattle, suburban cities, and the King County Board of Health. The department also maintains compliance with the state public health standards established by the Washington State Public Health Improvement Plan, and multiple accrediting bodies.

Vision, Mission, Goals and Objectives

Public Health's vision, mission, goals and objectives are based upon King County's Mission and goals for the health of the residents of King County as well as the policy framework outlined in the PHOMP.

King County's Mission & Goal for the Health of the Public

King County Government's mission, through its Executive, County Council, Board of Health and the Department of Public Health, is to identify and promote the conditions under which all people can live within healthy communities and can achieve optimum health.
King County's goal is to protect and improve the health and well-being of all people in King County, as defined by per person healthy years lived. In the context of achieving this goal, whenever possible, King County will employ strategies, policies and interventions to reduce health disparities across all segments of the population.

Public Health Operational Master Plan (PHOMP)

Principles: Public Health's strategies, policies, and programs shall be:

- Based on Science and Evidence,
- Focused on Prevention,
- Centered on the Community, and
- Driven by Social Justice.

Public Health Functions

Functions: King County's governmental public health functions include:

- Health Protection: King County has fundamental, statutorily defined responsibilities and powers to protect the public's health. Examples of these responsibilities include tracking disease and other health threats; preventing and treating communicable diseases; regulating dangerous environmental and workplace exposures; ensuring the safety of water, air, and food; and preparing for and responding to natural and human-made threats and disasters. Health protection action, including regulatory activities, must be balanced against limiting personal freedoms, but should be undertaken when the results will yield significant improvements to the health and safety of individuals and the community.

- Health Promotion: King County is responsible for leading efforts to promote health and prevent disability arising, for example, from injuries from traffic accidents or unsafe handling of firearms, or from chronic conditions such as heart disease, diabetes, and obesity. These complex health challenges often are best addressed through voluntary actions by individuals and communities. Through a collaborative and educational approach, the Department of Public Health encourages adoption of science-based, effective interventions that help make the right health choice the easy choice to make.

- Providing Preventive and Curative Quality Health Services: King County's role in personal health care provision is to help assure access to high quality health care for all populations. Helping to assure this access includes convening and leading system-wide efforts to improve access and quality, advocating for access to quality health care for all, forming partnerships with services providers, and directly providing individual health services when there are important public health reasons to do so.

Organizational Excellence: To fulfill its mission, King County intends that Public Health shall maintain attributes of organizational excellence to successfully support and execute these functions to improve the health of the public.

Base Budget Discussion

Expenditures (in thousand $)

Section	2008 Actual	2009 Actual	2010 Adopted	2011 Proposed
PROV: JHS SHARED CLINICAL	11,299	11,920	11,841	10,688
PROV: JHS SITE CLINICAL	15,669	15,979	15,937	17,186
PROV: BLS PROVIDER SVCS	14,256	15,282	15,034	15,266
PROV: ALS PROVIDER SVCS	32,586	35,657	35,675	39,896
PROV: EMS CONTGNCY RESRVE		60	7,565	4,917
PROV: EMS REG SUPP SVCS	5,294	6,149	6,855	7,110
PROV: EMS INITIATIVES	591	629	1,457	1,614
PROTECT: LOCAL HAZ WASTE	11,120	12,069	14,293	14,908
ORG ATT:CRSS-CUT BUS SVCS	(154)	675		
PROTECT: PREPAREDNESS	6,582	7,753	7,350	4,480
PROV: EMS GRANTS	708	731	1,303	1,567
PROMO:HLTHPRM&DIS/INJPRV	8,082	9,123	7,926	20,161
PROTECT:INF DIS PREV&CNTL	26,761	29,084	30,467	30,770
PROV: CHS REG&COMM PROGS	13,552	15,524	34,051	32,221
ORG ATT:REG&CRSS CUT SVCS	15,672	11,991	15,809	18,028
PROTECT: EH FIELD SVCS	21,549	21,304	21,038	19,750
PROV: PH CTR BASED SVCS	91,644	90,177	74,470	80,085
PROMO:EH REG&COMMUNTY SVC		1	613	404
PROTECT:CHS REG&COMM PROG			1,014	1,079
PROTECT: MEDICAL EXAMINER	4,479	4,522	4,462	4,692
Total	**279,690**	**288,630**	**307,160**	**324,822**

Budgeted FTEs

Section	2008	2009	2010	2011 Proposed
PROV: JHS SHARED CLINICAL	48.70	50.80	43.30	40.30
PROV: JHS SITE CLINICAL	122.30	127.75	129.75	118.02
PROV: ALS PROVIDER SVCS	75.00	77.67	81.25	82.63
PROV: EMS CONTGNCY RESRVE	2.00	3.83	3.83	1.88
PROV: EMS REG SUPP SVCS	38.37	37.37	32.41	32.37
PROV: EMS INITIATIVES	2.50	2.50	2.50	2.50
ORG ATT:CRSS-CUT BUS SVCS	125.60	124.35	145.85	130.65
PROTECT: PREPAREDNESS	21.25	22.75	23.90	17.95
PROV: EMS GRANTS	6.00	6.50	5.50	7.00
PROMO:HLTHPRM&DIS/INJPRV	36.33	35.99	34.88	44.30
PROTECT:INF DIS PREV&CNTL	125.82	115.77	121.70	117.34
PROV: CHS REG&COMM PROGS	46.95	44.50	58.12	49.90
ORG ATT:REG&CRSS CUT SVCS	91.07	112.43	83.17	71.10
PROTECT: EH FIELD SVCS	168.94	164.28	148.00	124.75
PROV: PH CTR BASED SVCS	663.88	628.49	599.38	616.47
PROMO:EH REG&COMMUNTY SVC			4.00	2.00
PROTECT:CHS REG&COMM PROG			6.50	6.00
PROTECT: MEDICAL EXAMINER	29.50	29.50	26.59	25.46
Total	**1,604.20**	**1,584.48**	**1,550.62**	**1,490.61**

Public Health-Seattle & King County is made up of the following divisions:

The **Community Health Services (CHS)** Division provides a wide range of public health services delivered directly from ten public health centers and other community-based facilities to targeted, high risk populations of concern. As such, it is working to build an efficient, comprehensive clinical care system for a defined population, delivered through a framework of evidence-based medicine. In addition, the division contracts with various other community agencies to provide specialized services for high risk populations, to effectively meet public health goals. CHS programs also include: Women, Infants & Children (WIC), Family Planning, School-Based Health Centers, Oral Health, Nurse/Family Partnership, Pharmacy, Interpretation Services, Health Care Access and Outreach, Health Care for the Homeless and Child Profile.

The **Environmental Health (EH)** Division provides fee-based, grant-based and regional services. The foundation of good health is a healthy environment that includes clean water, air, and soils, pest and toxic-free homes and businesses, safe, wholesome foods, adequate waste disposal and safe neighborhoods. EH addresses the challenge of providing safer, healthier places to live, learn, work and play by: advocating for and integrating a health focus in land use development; encouraging healthy behaviors and the use of healthy products; developing and implementing new policies; and, ensuring that community needs are included in our program planning while enforcing mandates. All of the division's work and planning is based on the core principle of equity for all residents. EH programs include: Food Protection and Living Environment, Solid Waste, Vector/Nuisance Control, Plumbing and Gas Piping, Drinking Water, Physical and Chemical Hazards, Wastewater Disposal and On-Site Maintenance and zoonotics.

In addition, Environmental Health administers the Local Hazardous Waste Management Program which has its own relatively stable revenue source.

The **Prevention** Division provides the County's disease surveillance and investigation, health promotion, and regulatory services to King County residents in order to prevent disease and injury, improve the residents quality of life and reduce disparities in health status. Programs within the division include: The Medical Examiner's Office (MEO), Chronic Disease and Injury Prevention, Communicable Disease Epidemiology and Immunization, HIV/STD, Tuberculosis, and the Laboratory.

The **Regional Cross-Cutting/Administration** Divisions ensures capacity for accomplishing the core activities of Assessment, Policy Development, and Assurance is available and consistent across the domains of protection, promotion, and provision as outlined in the P.H. Operational Master Plan (PHOMP.) In addition, the core business functions, including data and IT infrastructure/management, financial management and human resources necessary for organizational accountability are included. Programs include: Preparedness, Assessment, Policy Development and Evaluation (APDE), Policy, Community Partnerships, Communications (PC2) which includes the Equity and Social Justice Initiative, the Board of Health and the Children and Family Commission.

Jail Health Services (JHS) is required to provide health care services to all incarcerated individuals in the King County Correctional Facility (KCCF) and the Maleng Regional Justice Center (MRJC) in support of the courts' findings that inmates have a constitutional right to certain standards of care. Those rights are laid forth in the Hammer Settlement and the Department of Justice (DOJ) Agreement as well as by the National Commission for Correctional Health Care (NCCHC) accrediting agency. Jail inmates are a population that is underserved and among the most medically vulnerable in the County. Jail health services are often the only access point for medical care for inmates. This population includes a large proportion of low income and homeless individuals, mentally ill, and drug-addicted individuals.

Emergency Medical Services (EMS) is responsible for providing pre-hospital emergency services in King County and regional leadership through the formation of partnerships with cities and fire departments providing EMS services in King County. Four primary programs are provided as described in the Medic One/EMS 2008-2013 Strategic Plan: 1) Paramedic or Advanced Life Support Services (ALS); 2) Basic Life Support Services (BLS) are provided in partnership with local fire departments with partial assistance from the EMS levy; 3) Regional Support Services; and 4) Strategic Initiatives designed to improve the system. A regional EMS Advisory Committee provides guidance and review of decisions made within the system. As part of King County's goal to protect and improve the health and well being of people in King County, EMS services are within the PHOMP Provision Domain to increase the number of healthy years lived by people in King County and contribute towards eliminating health disparities through access to quality emergency pre-hospital services.

Change Drivers

Over the past decade, Public Health has faced reductions or limitations from significant funding sources, including the King County general fund, state and federal funding, grants, fees, and patient-generated revenues.

The absence of universal access to basic medical care in the United States stresses King County, its residents, and the safety net providers serving the uninsured. Public Health is often a provider of last resort for uninsured county residents, and the current recession has resulted in an increased demand for services at a time when resources are shrinking. As health care reform is implemented over the next several years, Public Health will continue to identify strategies to respond to a changing health care environment.

Combined with funding reductions and increased demand, Public Health continues to face increasing costs of providing services – particularly for medical services with higher rates of inflation. This imbalance between diminishing resources and the rising cost of providing services has been exacerbated by the severe condition of the current economic environment. Due to the continuing severe economic recession and the worsening structural imbalance between growing expenditures and decreasing revenues, Public Health is facing financial challenges in every division which influences the 2011 budget submission. As a department, there are overall financial and HR policies which exacerbate these issues. For example:

Department Wide

- In response to the General Fund deficit, the department was allocated a 12% General Fund reduction in the Public Health Fund and a 6% General Fund reduction in Jail Health services. Combined, these General Fund cuts total approximately $5 million.

- Costs and administrative burdens of FMLA/KCFML require significant staff time and resources to manage, both to cover absenteeism and also to administer intermittent leaves. Approximately 10% of Public Health employees are on FMLA/KCFMA on an on going basis, which is costly and time consuming to manage.

- Lack of different benefits options for part-time employees means that these positions, which offer flexibility and efficiency, are too costly.

- Guaranteed COLA increases plus salary step increases represent expenditure growth that exceeds revenue growth. Many Public Health programs are reliant on multi-year grant resources that, once awarded, most likely will not be increased by the funder. Consequently when programs have to budget for COLA plus step increases above what was planned in the original grant's awarded budget the difference must come from other parts of the grant's work.

- A change in the operating environment: moving to a more bureaucratic oversight model from King County central service agencies. This change requires additional resources to manage.

New business models are needed to streamline processes that support our efforts to transform our business practices to tackle emerging challenges.

- Furlough payback results in unbudgeted expenditure for backfill for providers and staff serving Public Health center clients.

Community Health Services Division (CHS)

- A structural gap exists between local tax revenues in comparison with rising costs. Because CHS is providing clinical health services, some division expenses rise by the higher medical inflationary rate faced by the health care industry.

- Reductions in flexible and categorical funding at both the local and state levels continue.

- The community is demonstrating an increasing demand for health care and public health services due to the current recession.

Environmental Health Division

- There will be a reduction of approximately $350,000 in state ecology grants for site hazard assessment, local source control and Tacoma Smelter Plume work. Environmental Health will assess fewer suspected contaminated sites on behalf of ecology and will visit fewer businesses to work with them to reduce hazardous waste and pollutants at the source. The Tacoma Smelter Plume project is winding down and phasing out sampling efforts, focusing on education and outreach in underserved communities.

- There has been a significant reduction in requests for service in 2009 and 2010 as a result of the economic downturn, particularly in the construction-related programs. The permit revenues from the septic, plumbing and gas piping programs dropped 46% between 2006 and 2009 and there has been no sign of a turnaround so far in 2010. The division is not expecting significant growth in 2011 in the construction sector.

- The county and city councils will be requested to approve an increase in plumbing and gas piping fees for 2011. In addition to improving the revenue situation, the proposal will also restructure the cost of service. The proposal will also have different fees for plumbing and for gas piping since the data show that the amount of time spent on the inspections varies for the two services.

- This program provided effective oversight of veterinary medical care for animals in the custody of King County's animal shelter for one and a half years. Environmental Health ended its role in mid-2010 with the implementation of a new service model for animal care and control, which returned this function to the Department of Executive Services.

Prevention Division

- Reductions in flexible and categorical funding at both the local and state levels continue.

- **Increased Dedicated Categorical Federal Funds:** The Department has been very successful in applying for, and receiving, federal grant funding:

    - The American Recovery and Reinvestment Act (ARRA) is funding Communities Putting Prevention to Work (CPPW) projects. Throughout 2011 the division will continue activities funded by two 2-year grants initiated in 2010 that will reduce the human and economic costs of obesity and tobacco use. The two year grants with pre-determined scope of work will fund community agencies, schools, businesses and local governments in working to change policies, systems and environments to make healthier choices easier and more accessible for everyone. While this is an exciting opportunity, these funds are short-term, and are limited in scope. These short term dedicated funds with their already approved contracted scopes of work cannot address the division's overall funding challenges.

    - NIH Diabetes Research Grant is a five year, $2.4 million grant from the National Institutes of Health (NIH) to support a research project entitled "Peer Support for Achieving Independence in Diabetes - PeerAID." This research grant has a direct service component that will fund home visits by community health workers to Hispanic families that have individuals with type 2 diabetes. The worker will provide education, support and linkages with the medical community. The project creates 4.5 new positions and supports another .15 FTE of existing staff. Partners on the project include the VA Medical Center, Sea Mar Community Health Centers and the University of Washington's Harborview Medical Center.

Cross-Cutting Business Functions

- Flat or declining funding from the state continues. A population shift across county boundaries and funding based on underserved populations will affect Public Health's state funding. In addition, state service reductions force public health to either greatly curtail services or substantially increase funding to mitigate the state reduction.

Jail Health Service Division

- Jail Health Services operates under several legal and regulatory mandates that direct the scope and frequency of services that must be provided. These entities are calling for increased services and documentation.

Emergency Medical Services Division

- Property taxes continue to decrease since the EMS levy was planning in 2006. The current forecast includes a decrease in property tax revenues.

- General inflation is forecast to remain lower than the original levy plan.

- Expansion of service / reduction in expansion of service

    - The EMS Division and all ALS providers recommend removing two additional 12 hour ALS units planned for 2012 and 2013. Funds for these have been removed from the Financial Plan. Due to the relatively stable ALS call volumes and response times (outside of the Kent Valley issue addressed above), the region does not foresee the need to add additional units during this levy period. This is consistent with prioritizing existing service over new service.

    - The Financial Plan includes lifetime reductions in some Strategic Initiatives. These were achieved by looking at alternative ways of accomplishing initiatives, and determining that some initiatives may no longer be a priority.

Countywide Strategic Plan Alignment

The King County Strategic Plan includes the following components

Principles: The following guiding principles are values that reflect our beliefs about roles and responsibilities of our county government:

- Collaborative
- Service-oriented
- Results focused
- Accountable
- Innovative
- Professional
- Fair and Just

The goals and strategies of the King County Strategic plan are articulated as two types of goals. The first type of goals are the "what we deliver" goals – these goals intend to define what we will accomplish or what services we will provide. The second type of goals are the "how we deliver" goals – these goals define how we will conduct our work. In this business plan, we have used the framework of the "what" goals in articulating the services as described by each of the division and program services. Summaries of how the department aligns with both the "what" and the "how" goals are presented below.

Public Health's approach to meeting the King County strategic plan "what we deliver" goals:

The work of the public health department is directly aligned with the Strategic Plan's goal to "promote opportunities for all communities and individuals to realize their full potential." Programs within the department are directly focused on the following four objectives:

- **Increase the number of healthy years that residents live.** This is a primary goal of the Public Health Department. The programs within the Community Health Services Division, in particular, focus on providing health care to individuals and families. Emergency Medical Services (EMS) provides life-saving response to individuals throughout King County. Environmental Health and Prevention divisions create and implement policies and monitor health threats that impact all residents of the county. Jail Health Services provides health care to incarcerated individuals in King County.

- **Protect the health of communities.** The Environmental Health Division protects the health of communities by advocating for and integrating a health focus in land use development; encouraging health behaviors and the use of healthy products; developing and implementing new policies; and ensuring that community needs are included in program planning. In addition, the Prevention division provides the county's disease surveillance and investigation, health promotion and regulatory services to King County residents in order to prevent disease and injury, improve the residents' quality of life and reduce disparities in health status.

- **Support the optimal growth and development of children and youth.** While programs throughout the Department impact children and youth, this is particularly the case with the Community Services Division. Maternity Support Services (MSS) and Women, Infant and Children (WIC) focus on providing health care and education to pregnant women and families with children.

- **Ensure a network of integrated and effective health and human services is available to people in need.** One of the goals of the Public Health Department is to work with other safety-net providers to ensure integrated services to those in need. An example of this can be seen at the Eastgate Public Health Center. Mental health treatment is provided by a community-based treatment provider located within the Center. This allows medical providers to easily refer patients to a mental health provider when necessary.

Public Health's approach to meeting the King County strategic plan "how" goals includes:

- **Service Excellence:** Public Health strives to provide excellent customer service that is culturally and linguistically appropriate. The department is developing a standardized system for the assessment of customer satisfaction, developing systems to manage customer feedback and monitor performance, and developing customer service training and expectations. Feedback from our customers will provide the department with opportunities for improvement. Public Health will coordinate with the King County Executive's Office as the customer service initiative continues to develop.

- **Financial Stewardship:** Public Health exercises sound financial judgment when making funding decisions. When reductions are taken, the department first identifies administrative reductions and efficiencies. Next, revenue enhancement and leveraging opportunities of current and potential revenues are established. When necessary, in response to reductions in state, local and federal revenues, program and service reductions are taken.

- **Public Engagement:** King County's public health solutions require collaboration of the entire community. In order to arrive at solutions, we empower people to play an active role in shaping the health of our community. Public engagement includes partnerships with a wide variety of communities, other government agencies, private organizations, and individuals. The department involves under-represented communities by providing translators as needed.

- **Quality Workforce:** In building and retaining a quality workforce, Public Health uses a systematic approach to identify best practice tools in recruitment, hiring, and retention of a diverse and qualified workforce.

The work of the public health department is also directly aligned with the Strategic Plan's goal to "support safe communities and accessible justice systems for all." Specifically, programs within the department are aligned with the following objective:

- **Decrease damage or harm in the event of a regional crisis.** The department protects the public from a variety of diseases. The long-term purpose of these programs is to increase the number of healthy years lived by people and to eliminated health disparities by rapid identification and effective response to current and emerging diseases, environmental and other threats. The Communicable Disease Epidemiology and Immunization program works to prevent and control 50 reportable communicable diseases and conditions such as measles, E-coli, pertussis, salmonella, and hepatitis A, B, and C. The HIV/STD program works with community partners to assess, prevent and manage HIV infection for HIV-infected residents and those at risk of infection in King County in order to stop the spread of HIV and improve the health of people living with HIV.

Budget Changes and Prioritization Criteria

Our business plan rationale is driven by the goals, principles and strategies laid out in the PHOMP. Within this framework, we have identified opportunities for revenue enhancement, increased efficiencies, employee cost shifting as well as reduced services.

Our priority is to support the organizational attributes necessary for effective public health practice across all programs to maintain the core foundation capacity for our programs in health provision, protection and promotion. Where program reductions are taken, they are prioritized for isolated effects to have the least amount of impact on the department's core capacity to improve community health.

Significant budget changes are described in the division sections of the business plan.

Performance Measures

The department has identified a variety of performance measures related specifically to the budget changes identified in the proposed budget. These can be found at the end of each division's section.

Community Health Services Division

The **Community Health Services (CHS) Division** provides a wide range of public health services delivered directly from ten public health centers and other community-based facilities to targeted, high risk populations of concern. As such, it is working to build an efficient, comprehensive clinical care system for a defined population, delivered through a framework of evidence-based medicine. In addition, the division contracts with various other community agencies to provide specialized services for high risk populations, to effectively meet public health goals.

A significant role served by this division is system development and resource leveraging in order to assure access to direct care and preventive services throughout the community.
Three sections have been established in the Community Health Services Division. Two sections align with the Provision function and one with the Protection function. The sections are Provision: Public Health Center Based Services, Provision: Regional and Community-Based Programs and Protection: Regional & Community Based Program.

Provision: Public Health Center Based Services section is the largest CHS section and currently includes five core services: Maternity Support Services (MSS), WIC (Women Infant and Children Supplemental Food Program), Family Planning, Primary Care and Dental Services. In last year's budget, immunizations were eliminated as a standalone program although we continue to provide immunizations as part of our primary care service. In addition to these core programs, the CHS Division provides other public health services that are offered at one or more public health centers. These countywide services include Refugee Health, Travel Immunizations, Dental Sealants, Child Care Health, Access and Outreach, and the Nurse Family Partnership.

Public Health provides provision services at its public health centers primarily to two target populations: low income women with young children and vulnerable adults. Public Health Centers have historically served as the provider of last resort to the community who have very low-income, are uninsured or on Medicaid. These individuals are often homeless or with mental health issues, and are disproportionately people of color. They also may not be supported by federal funding streams.

Services in the Public Health Centers are budgeted through individual program budgets for tracking costs and revenues, however functionally and financially these programs are interdependent and cannot operate in isolation. Primary care assures the Federally Qualified Health Center (FQHC) status that enables these programs to generate cost-based revenue**.** WIC uses the assessments done in MSS to meet its certification process, reducing duplication for the client and costs to the program. In addition, the programs in the Public Health Center Services section share support and supervisory staff in the sites and enable the Public Health Centers to optimize both the services to the target population and the ability to leverage available funding, as well as realize operational efficiencies of scale.

Provision: Regional and Community Based Programs assure access to quality health care by (1) convening and leading system-wide efforts to improve access and quality, (2) advocating for

access to quality health care for all, and (3) forming partnerships with service providers. This assurance function is of particular importance where barriers to access to care contribute significantly to disparities in health outcomes for a particular population, or where there is a particular risk or disease profile that necessitates a unique service delivery model. Examples of programs clustered in this section include: School-based partnerships, Health Care Access and Outreach, Health Care for the Homeless Network, Child Profile, Community Health Clinics, King County School-Linked Health Centers, and Family Planning Health Education.

Protection: Regional and Community Based Program section includes Child Care Health. This program protects the public from the spread of communicable diseases by improving the health and safety of children in child care programs. This field-based team uses public health nurses, nutritionists, and health educators. Location of the program within CHS aligns the team with other field-based public health functions performed by the same professionals. Child Care staff routinely collaborates with other protection domain programs in the department such as communicable disease, immunizations, food protection and living environment and physical and chemical hazards which are organizationally located in the Prevention and Environmental Health Divisions.

Sections/Programs Each section aligns with a Public Health Operational Master Plan (PHOMP) Function

Provision: Public Health Center-Based Services
Community Health Services Administration
Program Planning and Development
Parent Child Health
Women, Infants, & Children Supplemental Food Program (WIC)
Family Planning Services
Primary Care/Family Health
Maternity/OB services
School-Based Health Centers
Oral Health (clinical dental services)
Refugee Health
Pharmacy
Nurse Family Partnership
White Center Early Learning Initiative (WCELI)
Interpretation Services
Travel Immunizations
Mobile Medical Van (VHSL South KC Outreach)
Signature Application Support/Signature Business Office
PHC Operations Support Program

Provision: Regional & Community-Based Programs
Community Health Clinic Contracts
King County School-Linked Health Centers
School-Based Partnerships, School Nursing/Education – Seattle Levy

Family Planning Health Education
Health Care Access and Outreach
Health Care for the Homeless Network
Child Profile
Perinatal HIV Consortium

Protection: Regional & Community-Based Programs
Child Care Health Program

Program Descriptions

Provision: Public Health Center-Based Services
Direct client services are provided to low-income women, children and vulnerable adults through specific programs operated in the ten Public Health Centers located throughout King County. These programs include:

Community Health Services Management and Administration: Provides management and administrative oversight and support for the Community Health Services Division, supporting services at all Public Health Clinic locations and all programs within the CHS Division. The Division has a budget in excess of $100 million and 700+ staff.

Program Planning and Development: This new Transparency Ordinance section, created from existing resources as part of the 2010 Divisional restructure, identifies opportunities through Health Care Reform and other major funding initiatives to implement evidence-based or best practice health care services which are consistent with department and division mission and goals.

Parent Child Health (PCH): Assures that babies are born with the best opportunities to grow and thrive by providing assessment, education, skills-building and case management services to at-risk pregnant women and families with children. Additional services provided include case management to children with special health care needs and targeted services to young, first time low-income mothers. Parent Child Health also contracts with many providers for a variety of services including: Central services to support Children with Special Health Care Needs and application assistance for third party coverage, Early Post-Birth contract with UW coordination and staffing for weekends; SNAC - Seattle Nutrition Action Coalition; Veteran's & Human Services Levy support for maternal mood disorder and GAU pilots; Domestic Violence coalition support; technical assistance for Children's Administration; and Child Death Review.

Women, Infants, & Children (WIC): Improves healthy pregnancy outcomes and children's health, growth and development through food vouchers and healthy food and nutrition education. Manages contracts with community partners providing WIC services as well as funds for special projects such as for breastfeeding promotion.

Family Planning: The purpose of the family planning program is to promote sexual health and well being and to reduce unintended pregnancies. Services provided include reproductive health,

sexually transmitted disease testing and treatment, and outreach and education to low-income women, men and teens in King County. Women who have access to effective, affordable, convenient and non-discriminatory family planning services are less likely to experience an unintended pregnancy. Women, especially teens, who experience an intended pregnancy, are less likely to have abortions and more likely to have healthy babies stay in school, and to have a better opportunity for employment. In addition, family planning services save public dollars; research shows that for every $1 spent in family planning, over $4 are saved. The State estimates that in King County Medicaid spent $59 million in 2006 for unintended pregnancies.

Primary Care/Family Health: The purpose of Public Health's primary care program is to maintain and/or improve the health of individuals by providing accessible health care services. The primary care program provides services to underinsured and uninsured King County residents, including pediatric and adolescent care for children up to age 21, family health care for all ages and obstetrical care to provide early entry and access to prenatal care for low-income women. Public Health staff coordinates referrals for clients to specialty care.

Primary care has shown to be a cost-effective way to improve health. More than 160,000 adults in King County aged 18-64 lack health insurance and only about one-third of these are able to access care through the "safety net" system. Compared to adults with health insurance, uninsured adults are less likely to receive preventive services and have increased morbidity and mortality. Primary care services are provided at four Public Health Centers – Columbia, Eastgate, Downtown and North.

Pharmacy services: Pharmacy services (prescription medication and medication counseling) are provided directly or through contract at Eastgate, Downtown, Columbia and North Public Health Centers. In 2009, the pharmacy at Columbia was closed as a cost saving measure

In mid-2010, Public Health coordinated with area community health centers and discontinued the practice of purchasing, receiving and distributing some medications for the CHCs. This service, started at a time when many CHCs did not employ pharmacists, is no longer needed by the CHCs.

School-Based Health Centers (SBHC): Improves access to health care for adolescents and support for academic success by providing health care in school based health centers in the Seattle school district. Primary care and mental health counseling are available in eleven Seattle high schools and four middle schools. The SBHCs included in this section are those operated directly by the CHS Division.

Oral Health (Clinical Dental): The Dental Program includes five dental clinics and a Community Based Program. The dental clinics provide preventative and comprehensive restorative services to reduce the burden of disease in the low income population. The Oral Health Program does the Public Health assessments and analysis of the oral health status of children in King County and provides primary preventive services through school based sealant programs in targeted schools.

Refugee Health: Assures that newly arriving refugees receive access to critical public health services, are linked to ongoing health care; receive limited immigration related health care services. These services include basic health screening, assessment for communicable diseases, referral to care as necessary, and needed immunizations.

Nurse Family Partnership (NFP): Nurse Family Partnership is a long term, intensive nurse home visiting program for low-income, young first time mothers. This program is delivered countywide by Public Health Nurses. Three teams, with a combined caseload of 450 families are located at the Downtown and White Center Public Health Centers. Funding for NFP services comes from the City of Seattle, the King County Children and Family Commission, the Veterans and Human Services Levy, Thrive by Five and the Bill and Melinda Gates Foundation.

White Center Early Learning Initiative (WCELI): As one of four partners in the White Center Early Learning Initiative, Public Health develops and oversees an enhanced continuum of home visiting services for the White Center and Boulevard Park Neighborhoods of SW King County. The continuum includes expansion of Nurse Family Partnership Services, an Enhanced First Steps Program, Outreach Doula Services and universal birth doula and postpartum nurse home visit services. Doula Services are delivered under contract with Open Arms Perinatal Services. Partners include Puget Sound Educational Services District and Child Care Resources.

Interpretation Services: The Interpretation program assures that our limited/non-English speaking clients have access to linguistically and culturally appropriate health care services in compliance with HHS Culturally and Linguistically Appropriate Services CLAS Standard 4: "Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation." This is accomplished through the provision of DSHS-Certified Medical Interpreters for all visits requiring language assistance. Our medical interpreters and bilingual staff are part of the treatment team and focus on facilitating culturally and linguistically appropriate communication between Public Health staff and non English/limited English speaking clients in clinic, home and environmental health settings. Interpretation is provided both in person and via telephone. As a federally funded healthcare organization, Public Health is mandated to provide equal access to our services and to ensure that language is never a barrier to access or care. This mandate is underfunded.

Travel Immunizations: Until 2009, the travel clinic had been integrated as part of the immunization clinics at three public health centers: Downtown, Northshore and Auburn. With the closure of general immunization clinics at Northshore and Auburn in 2009. In 2010, the Downtown PHC travel clinic was 'spun off' as a separate clinic open to the general public with the requirement to be fully self supporting through revenues generated by client visits. The clinic also maintains some employer based contracts to provide occupationally required immunizations and TB skin tests.

Mobile Medical Van: Provides medical, dental, mental health services and case management to chronically homeless adults in South King County. The van has established locations in Auburn, Federal Way, and Kent to meet the needs of the large numbers of chronically homeless people

attending meal programs in these communities. The program coordinates with Health Point Community Health Centers to provide ongoing care to patients seen on the van.

Signature Applications Support/Billing Office: Supports the patient management system and billing of client services through the Signature system. Signature Application Support maintains the functionality of the Signature system for scheduling, registration, and billing of client services. This unit also trains PHC staff to use Signature and assures data integrity in the system. The Signature Business Office applies complex rules related to health care billing to assure that Public Health receives appropriate reimbursement for client services. The business office maintains the billing rules in Signature, communicates billing requirements to PHC staff, and resolves all issues related to outstanding claims. These functions were recently moved to the CHS division from the department's central Finance Unit pursuant to a consultant recommendation to integrate systems support and billing with the point of care for efficiencies and accountabilities.

Public Health Center (PHC) Operations Support Program: Leads and supports the day-to-day operations of the 10 PHCs in the "Provision: Public Health Center Based Services" section of the CHS Division. Leadership and support are provided in the areas of float pool staffing; personnel and labor management; clinic business practices; facilities management; emergency preparedness/business continuity planning and management; interpretation services (see interpretation services description above); and personal health information and records management. The work of the section emphasizes removing or decreasing barriers to operational safety and efficiency, assuring compliance with established policies/procedures/industry best practices, assuring appropriate quality improvement/assurance systems are in place and leading the implementation of service and operational improvements.

Provision: Regional & Community-Based Programs

Community Health Services also supports the provision of services to our target populations through formal contractual partnerships in the community.

Community Health Partnerships Program: Supports access to medical, dental, and integrated mental health services for low income King County residents, especially those who are unable to obtain health insurance coverage. The Community Health Partnerships program provides funding to eight community health center agencies to improve access to care for uninsured King County residents and to assist residents to apply for publicly-sponsored health insurance programs. The program also supports three specialized case management agencies that work to help highest risk homeless and immigrant families access and navigate health care systems, enroll in available health coverage, and overcome logistical and financial barriers to needed specialty care.

King County School-Linked Health Centers: Improves access to health care for adolescents by providing leadership, technical assistance and support in developing school based and school linked health center in South King County . Program staff collaborates with community partners to provide medical and mental health care, outreach, and health education for adolescents through the Youth Health Center in Burien.

School-Based Partnerships, School Nursing/Education – Seattle Levy: This program improves access to health care for adolescents and support for academic success by providing health care in school based health centers in the Seattle school district. Primary care and mental health counseling are available in eleven Seattle high schools and four middle schools. This program also supports school nursing services and provides training and education, technical assistance, program development and evaluation services and foster interagency collaboration via the activities of the School Nurse/Seattle Families & Education Levy program.

Family Planning Health Education: Family Planning Health Educators provide community-based services to increase the awareness of the benefits of family planning, the consequences of unintended pregnancy and sexually transmitted diseases and to promote access to comprehensive age-appropriate medically accurate sexuality education and family planning clinical services.

Health Care Access and Outreach: Provides outreach, medical application assistance, linkage to community services and resources, and targeted interventions to the uninsured, under-served and/or high risk individuals, including children, pregnant women, and families so that health disparities are minimized. This function will be increasing significantly in the next several years as health reform is implemented.

In mid-2010 the **Children's' Health Initiative** (CHI) (formerly located in the Office of the Director) was integrated into the CHS Access and Outreach program. The CHI has long funded outreach workers in the program. CHI staff manages local CHI investments and provides technical assistance and training to core safety net providers of medical, dental and integrated mental health services throughout King County. The funds support more than 30 CHCs, public health centers, and hospital affiliated clinics.

Health Care for the Homeless Network: Improves access to and quality of care for homeless people through community-based contracts for shelter and clinic-based services, case management, technical assistance for shelters, and strategic planning activities.

Child Profile: The Child Profile program provides health promotion mailings at regular intervals to all families of children from birth to age six so that children receive preventive care, immunizations, parents have age-appropriate expectations of their children, and families have access to current health and safety information. It also assures access to a centralized electronic immunization registry for health care providers so that all children are appropriately immunized.

Perinatal HIV Consortium: Funds enhanced services for HIV+ women and children and their families through contracts for medical outpatient ambulatory medical care, obstetrical care, medical case management and psychosocial services with eight agencies throughout Washington State.

2011 Budget Change Drivers

CHS Division faces financial challenges from three directions:

- Structural gap between local revenues and rising costs. Because CHS is providing clinical health services, division expenses rise by the higher medical inflationary rate faced by the health care industry.
- Reduction in flexible and categorical funding at both the local and state levels; and
- Increasing community need and demand for services due to the current recession, including higher numbers of uninsured patients where the department receives no payment or reimbursement for services provided.

Although these challenges are significant, they are partially mitigated in the 2011 budget by increases in the WIC caseload rate. Also, the state allowed FQHC-qualified organizations to submit updated cost reports; this rebasing to include current costs led to a higher FQHC rate for 2011. In 2012, we project that rates will return to normal levels of inflation (approximately 3%) and CHS will be faced with a much larger financial gap which may require deeper cuts in service. This rebasing provides a financial reimbursement that reflects current costs. Future years' challenges will be to continue to operate under an approximate 3% inflation.

Guiding principles developed for use in 2011 budget reduction strategy development:

- Reduce services in a manner that does the least harm to individuals and communities throughout this time of economic stress.
- Preserve as many Public Health Centers (PHC) and PHC based programs so that Public Health remains positioned to rapidly respond to increases in demand and future funding opportunities when health care reform is fully implemented in 2014.
- Preserve access to public health services for the increasing number of uninsured clients needing public health services.
- Serve a critical role in assuring equitable access to basic health services regardless of citizenship status.
- Prioritize stewardship of public dollars when making decisions about how services are provided in the PHCs, including population served and staffing model choices.

Countywide Strategic Plan Alignment

Programs within CHS are clearly focused on the Strategic Plan's goal to promote opportunities for all communities and individuals to realize their full potential. The primary objective of all CHS programs is to increase the number of healthy years that residents live. MSS and WIC programs in particular support the optimal growth and development of children and youth.

2011 Budget Changes & Prioritization Criteria:

Following our guiding principles we emphasized maintaining the capacity of the public health service delivery system and selected budget strategies that, on balance, did the least harm to the fewest individuals. These strategies include:

- The Executive's 12% GF target reduction for PH was a cut of $3.24 million in the PH Fund. To help meet this target reduction, PH proposes to cut $1.6 million in GF support for PH Centers infrastructure. Because infrastructure costs are fixed, to keep Centers operating, this general fund reduction would have to be backfilled by revenue transferred from program funds used for delivering services, specifically from service reductions and model changes to Maternity Support Services, Primary Care, and funding to Community Health Centers, described below. This reduction also includes 11.3 FTEs. The consequence of transferring program revenue to infrastructure costs is that it is no longer available to provide services -- specifically in 2011 to provide care to increasing numbers of uninsured clients and protect existing services from impending state cuts in clinic reimbursement rates. Funding would also be cut from development of an electronic health record system, a critically efficiency needed to improve patient care and generate additional Medicaid payments.
- Reduce the number of Public Health Nurses (9.1 FTE) in Maternity Support Services (MSS) who provide home visiting services, and reducing the number of Community Health Workers in MSS by 2.0 FTE. The benefits of MSS services include reduction of premature birth and infant mortality, and promotion of healthy child development through education, screening, early intervention and other care activities that support the family in making positive health care decisions. Approximately 4000 MSS visits to low income vulnerable women, children, and infants will be eliminated with this proposed reduction. Many of these clients are young first time mothers and/or are victims of domestic violence, require interpretation services, and would be unlikely to receive services elsewhere. Despite the recognized importance of this service, this reduction was selected because it impacts the fewest number of our clients per staff reduction.
- Reduce the primary care program at the Eastgate PH Center by 1.2 FTE staff physicians who primarily see adults, 64% of whom are uninsured, but then add a 1.0 FTE Pediatric Advanced Registered Nurse Practitioner who will mostly see children who are covered by Medicaid. This effectively shifts the client mix to more Medicaid insured children and fewer uninsured adults at Eastgate, which will generate revenue. PH will continue to see adult clients at Eastgate. There are two remaining PH providers who serve adults and the Virginia Mason internal medicine residency program at Eastgate expanded in July, 2010 from 9 to 15 residents. As a result, these changes have a minimal impact on overall visits provided by primary care.
- Reducing the number of Public Health clinic client visits to individuals who are uninsured by approximately 4500 visits, by prioritizing provider capacity for Medicaid-covered clients and maintaining services that are covered by Medicaid. This will result in fewer services to vulnerable uninsured clients, although a revised provider staffing configuration at one Public Health Center will improve needed access and visits for children, most of whom are covered by Medicaid.

- Reducing 12% (approximately $105K) in General Fund funding support to community health centers; as a result, these safety net agencies will have fewer funds to serve diverse, low income and uninsured King County residents and will have fewer local dollars eligible for federal Medicaid administrative match. The majority of this cut, $72K, will affect HealthPoint community health centers, which serve a significant number of low-income people who reside in south, north and east King County.

Perinatal HIV Consortium: The current project period grant was funded beginning August 1, 2006 with continuing funding available through July 31, 2011. The Ryan White Treatment Modernization Act of 2006 recently changed how these funds could be used and limited the amount of funds available to cover the program administration costs while increasing but not funding requirements for quality management activities and data reporting.

In the current budget climate of shrinking resources, funds to support program administration of the grant are not available. If Public Health does not compete for these funds in the new project period beginning August 1, 2011; other agencies in the state are positioned to be competitive for the funds and have the capabilities to comply with HRSA expectations to support administration, quality management and data reporting functions with funds other than those provided by the grant.

Business Practices Redesign/Relocation of Signature Operations Unit into CHS Division

A review and assessment of Public Health operational practices resulted in development of a series of improvement recommendations. A recommendation implemented in 2010 was a reorganization of the clinical and administrative structure to better align ownership with responsibility, to increase operational efficiency, and to establish an environment capable of promoting accountability. As part of this restructure, the Signature Operations unit responsible for billing and application support was relocated from PH's Finance Section into CHS Finance and Administration section.

Business Practices improvements planned for implementation in 2011 are:

- Development of a Centralized Intake Unit that will be the first point of contact for new clients or clients that have not been seen recently at the Public Health Centers.
- Expand Billing Unit (formerly part of Signature Operations in Finance) to be responsible for all patient generated revenue accounts receivable functions for all services earning patient generated revenues
- Redesign and standardize work flows at Public Health Centers
- Integrate training on Signature with training on all applications, operational procedures, and program overviews that staff needs to perform their roles effectively.
- Increase staffing at front desk to increase service and revenue realization

An important finding of the 2008 Qualis efficiency study was that the front desk positions at the Pubic Health Centers are overly complex and if parts of the work were centralized, customer service and revenue generation would improve. There will be some added staff to achieve these

efficiencies. The project will be cost neutral as funding will come from cuts in division and program administration positions located at Chinook.

Health Care Reform

- Passage of health care reform presents opportunities for increasing revenues and services. Its many components and provisions have implementation dates from now until 2014. Potential opportunities currently being explored include increased funding for home visiting services and teen pregnancy prevention.

Partnerships

- Public Health developed a successful partnership with HealthPoint at the Northshore Public Health Center in 2010. Public Health is working to identify additional opportunities to partner with other safety net providers in order to achieve efficiencies and better serve a changing population.

Electronic Health Record (EHR)

The department is pursuing the implementation of an Electronic Health Record (EHR) system as part of the replacement for the legacy Practice Management System called Signature. Use of an EHR will result in improved patient safety and clinical outcomes, increased efficiencies, and compliance with federal requirements. This is an approved IT CIP under PRB governance. Funding has been identified for planning; however full funding has not yet been identified for the purchase and implementation of a system

Performance Measures

Budget Change: The General Fund reductions will result in the following changes to the Maternity Support Services and Primary Care Programs

Performance Measure: Primary Care

Target					Actual Performance			
2007	2008	2009	2010	2011	2007	2008	2009	1st Q 2010
				48,290	46,704	47,823	48,010	12,172

Performance Measure: Parent and Child Health (includes MSS/ICM and other contracted services)

Target					Actual Performance			
2007	2008	2009	2010	2011	2007	2008	2009	1st Q 2010
93,711	87,674	96,770	107,540	105,940	108,837	98,835	101,071	26,640

Environmental Health Services Division

Environmental Health provides fee-based, grant-based and regional services. The foundation of good health is a healthy environment that includes clean water, air, and soils, pest and toxic-free homes and businesses, safe, wholesome foods, adequate waste disposal and safe neighborhoods. We address the challenge of providing safer, healthier places to live, learn, work and play by: advocating for and integrating a health focus in land use development; encouraging healthy behaviors and the use of healthy products; developing and implementing new policies; and, ensuring that community needs are included in our program planning while enforcing mandates. All of our work and planning is based on the core principle of equity for all residents.

In addition, Environmental Health administers the Local Hazardous Waste Management Program which has its own relatively stable revenue source.

Sections/Programs Each section aligns with a Public Health Operational Master Plan Function (PHOMP)

Protection: Environmental Health Field-Based Services provide programs that are primarily supported by permit fee revenues. These programs focus on educating and regulating businesses and individuals to prevent dangerous environmental and workplace exposures, resulting in significant improvements to the public's health and safety. Proposed reductions were chosen to minimize the impact on program delivery while aligning expenditures to the available revenues from fees, contract and grants. This section continues to face significant challenges due to the current economic climate. Revenues in construction related programs are still flat after a significant drop in late 2008. The economic situation has also impacted restaurant and pool permit revenues but to a much smaller degree. While it is critical to balance staffing needs with available revenue, it is also important to not damage our capacity to respond in the following programs when the economic environment improves:

- Food protection
- Living Environment
- Solid Waste
- Vector/Nuisance Control
- Plumbing & Gas Piping
- Drinking Water
- Physical and Chemical Hazards
- Local Hazardous Waste
- Wastewater Disposal and On-Site Maintenance
- Animal Related Business
- Environmental Health Administration

Promotion: Environmental Health Regional & Community-Based Program focuses on the connection between the existing environment and health, and on developing community policy changes that promote good health. This program also provides a regional resource related to Zoonotic Diseases. Unlike other Environmental Health programs, programs in this section are

not supported by fees. Services in this section are population based and benefit King County residents as a whole community.

- Built Environment and Land Use
- Climate Change
- Zoonotics
- Environmental Public Health Preparedness

Program Descriptions

Protection: Field-Based Services

Food Protection: The program provides education, monitoring and compliance enforcement to the more than 10,000 food service operations in King County, including all restaurants, K-12 schools, mobile food vendors, and non-profit agencies with food service, to prevent the incidence of food borne illness. Program staff inspect food service establishments, conduct food borne illness investigations, provide food safety classes to more than 50,000 food workers each year, and act as a food safety resource to establishments, the public, and other government agencies.

Living Environment: Provides education, construction review, and/or inspection/compliance services to operators of schools, pools, and beaches so that the risk of disease and injury is minimized from using these facilities. Services include: inspections, plan reviews, complaint investigations, consultations/education, enforcement, and emergency response.

Solid Waste: The program ensures that all currently operating transfer facilities and landfills and closed landfills in King County are correctly operated and managed. Outside of the City of Seattle, the program investigates illegal dumping and garbage problems.

Vector/Nuisance Control: This program provides education, compliance monitoring and enforcement to protect against disease and destruction caused by rodents and other disease vectors. The work is fully funded for non-Seattle residents in King County by a fee charged for all waste disposed at the Cedar Hills landfill. Seattle disposes of its garbage in Oregon. No fees are collected, but the City of Seattle funds its rodent control services through two contracts with EH. In 2009, 2,265 inspections, complaint investigations and consultations were made regarding rodents and garbage within King County.

Plumbing and Gas Piping: The plumbing, gas piping and cross-connection program provides technical information, evaluation, permitting and compliance enforcement to industry and property owners so that illness and injuries are prevented. Services are: inspections, plan reviews, complaint investigation, consultations/education, enforcement, and emergency response.

Drinking Water: This program prevents communicable disease and illness associated with drinking water from small public and individual private water systems. Public Health has regulatory oversight for small public water systems (Group Bs) serving 2-9 connections and individual private wells.

Physical and Chemical Hazards: Protects people's health from environmental hazards by establishing leadership in the identification of current and emerging hazards, and responds by identifying health initiatives, designing and implementing programs, collaborating with the public and private sector, and obtaining funding and support. Projects include Site Hazard Assessment, illegal drug lab assessment and abatement, and the Tacoma Smelter Plume project.

Local Hazardous Waste Management: The purpose of the program's activities in Public Health is to provide information and interventions to residents and businesses so that hazardous products are properly used, stored, recycled or disposed of in order to protect public health and the environment. Services include complaint investigations, consultations/education, enforcement, advocacy, and policy development.

Wastewater Disposal and On-Site Maintenance: Program staff provide technical information, evaluation and compliance enforcement for on-site sewage systems to prevent sewage-borne disease. EH licenses installers and sludge haulers and provides them with training, investigates complaints about sewage leaks, and assesses and advises on of areas with high rates of failing systems. In unincorporated King County, staff evaluate land development projects to assure adequate water supply and sewage disposal systems.

Animal Related Business: The Animal Related Business program provides inspection and permitting for animal related businesses in King County including commercial kennels, pet shops, pet day cares, groomers, and shelters. This program protects the public's health and safety from zoonotic and animal borne disease through effective public health programs. The program also fulfills zoonotic disease control responsibilities in accordance with WAC 246-100-191 and 246-101-405.

Environmental Health Administration, Eastgate, Black River, and Downtown: Provides administrative oversight and support for the Environmental Health Division. The Division administration supports services at the Eastgate, Black River, and Downtown locations.

Promotion: Regional & Community-Based Programs

Built Environment and Land Use: Land use, urban design, and zoning are among the key drivers underlying the form and function of the built environment. Land use and transportation choices involve decisions that determine the livability and environmental quality of a neighborhood. Since 2005, Environmental Health has been involved in a number of projects focused on enhancing the built and natural environment. One of the tools the division has used to assess the impacts on the built environment is the Health Impact Assessment that focuses on the community health effects of a project, policy, or plan.

Climate Change: Environmental Health has begun work on understanding the health implications of climate change and is working to promote urban design that not only enhances public health through chronic disease prevention, but also helps to mitigate climate change. EH is the Public Health department lead on the Climate Change Initiative.

Zoonotics: Zoonotics provides surveillance, prevention, and control of zoonotic diseases spread by vectors, including West Nile virus, Hanta virus, avian influenza, rabies, salmonella, E. coli, leptospirosis, and psittacosis. This program provides surveillance and response and technical assistance to other jurisdictions and agencies.

Environmental Public Health Preparedness: This program provides planning, training and technical assistance to communities and businesses relative to environmental natural and man-made emergencies and concerns that have public health significance.

2011 Budget Change Drivers

Reduction in State funding

The division anticipates a reduction of approximately $350,000 in state Ecology grants for site hazard assessment, local source control and Tacoma Smelter Plume work. As a result, Environmental Health will assess fewer suspected contaminated sites on behalf of the Ecology and visit fewer businesses to work with them to reduce hazardous waste and pollutants at the source. The Tacoma Smelter Plume project is winding down and phasing out sampling efforts, focusing on education and outreach in underserved communities.

Reduced Services Requests

The division experienced a significant reduction in requests for service in 2009 and 2010 as a result of the economic downturn, particularly in the construction-related programs. The permit revenues from the septic, plumbing and gas piping programs dropped 46% between 2006 and 2009 and there has been no sign of improvement so far in 2010. The division is not expecting significant growth in 2011. Out of 19 Plumbing Inspectors (including leads) working at the start of 2009, 6 were laid off in 2009 and another 3 employees left in 2010.

Veterinary Clinic Services

This program provided effective oversight of veterinary medical care for animals in the custody of King County's animal shelter for one and a half years. Environmental Health ended its role in mid-2010 with the implementation of a new service model for animal care and control, which returned this function to the Department of Executive Services.

Countywide Strategic Plan Alignment

This proposal aligns with the Countywide Strategic Plan goals related to service excellence, Health and Human Potential, Economic Growth and Built Environment, Public Engagement, economic sustainability, and financial stewardship.

Budget Changes

Position reductions due to reduced revenue

Sixteen positions, which are vacant because of 2010 mid-year layoffs, will be abrogated - three Plumbing Inspectors, three Health and Environmental Investigator 2 (H&EI 2) positions in the solid waste program, three Administrative Specialist 2, one Administrative Specialist 3, one section manager (Health Svs.Administrator), one H&EI 4 in preparedness, one H&EI 3 in wastewater, one H&EI 2 in drinking water, one Educator Consultant in the food handler card program, and one PH Admin Support Supervisor. In addition, two positions are being reduced - one H&EI 4 position is being reduced to a 0.5 FTE and a 0.75 PPM 3 position that coordinates responses to public disclosure requests is being reduced to 0.5 FTE.

Reductions in plumbing program staffing reflect reduced demand due to the bad economy but may result in not being able to get to all of the inspections requested for a specific day. This is being mitigated by more communication with contractors by inspectors. The solid waste staff reductions will require prioritization of complaint response activities and may result in delays in investigating and resolving reports of illegal dumping. The administrative staff reductions will also result in re-prioritizing and reallocating work. The wastewater and drinking water reductions are a result of decreased demand but may result in longer wait times for plans and permits.

Adoption of new plumbing/gas piping fees

The division proposes county and city council approval for an increase in plumbing and gas piping fees associated with the normal three-year cycle for fee adjustments in its regulatory programs. In addition to maintaining full cost recovery for services, the proposal will also restructure the fees to reflect the finding that permits for small jobs have not been covering the cost of service, which has been a problem since the average size of projects has dropped along with the number of jobs. The proposal will also include different fees for plumbing and for gas piping since the data shows that the amount of time spent on inspections varies for the two services.

Unemployment compensation costs due to staff reductions

Layoffs in 2009 and 2010 in Environmental Health have resulted in increased unemployment costs to the programs that have lost staff since the county is self-insured. These costs offset savings derived from staff reductions. Based on first quarter 2010 actual costs, $135,000 has been added to the 2011 budget request to cover unemployment compensation costs.

Participation in the Permit Integration Project

Environmental Health is an active participant in the Permit Integration Project that is being coordinated through DDES. In 2011, $496,277 has been added to the budget to pay for integration between the Accela permitting system used by DDES and Environmental Health's EnvisionConnect data management system. These costs are being budgeted in the Septic and Plumbing programs, which are the services that will be included in the Permit Integration Project (the expenses are coming due at a time when these budgets are hard-hit by the recession and drop in business.)

Efficiencies (that don't have immediate budget impact)

In 2011, Environmental Health expects to realize efficiencies and improvements in customer service from the implementation of a 2009-10 information technology project, an online services web portal. We expect that there will be future budget savings as the public use of the portal increases over time. The following business areas are impacted by this project:

Annual permit renewal for food establishments, water recreation facilities and solid waste facilities – Regulated businesses and agencies will have the option of renewing and paying for their permits on-line through the portal. This will reduce the number of payments that will have to be processed manually. Changes to permit information (for instance, a new billing address) can be made by the owner rather than by EH staff.

Plan review document submittal – Plans for food establishments, water recreation facilities, septic systems, solid waste facilities, and wells will be able to be submitted on-line in a variety of file formats.

Over-the-counter permits – Plumbing and gas piping permits will be available on-line, saving contractors the time and resources needed to get their permits today.

Status checks and notification – Applicants for permits will receive automated notice of permit status and also will be able to look it up on-line. This will reduce the number of phone inquiries.

Complaint submittal – Members of the public will be able to submit complaints and reports on environmental issues (i.e. rodent complaints, dead bird reports, illegal dumping) on-line and check on the disposition of the report. This will reduce the number of phone complaints processed and follow up inquiries.

Online Food Worker Testing – The Food Worker Card Program issues about 50,000 food worker cards annually through instructor led classes. Classes are typically full. A 2010 project will implement an on-line option for training, testing and card issuance to supplement the existing business model and enable the food worker card program to meet the demands of customers in all market areas.

Performance Measures

Budget Change: Reduce staff in the Solid Waste Program

Performance Measure: Number of illegal dumping and rodent complaints investigated

Target					Actual Performance			
2007	2008	2009	2010	2011	2007	2008	2009	1st Q 2010
3,000	3,000	2,500	2,000	1,500	3,075	2,657	2,263	498

Environmental Health Local Hazardous Waste Program

Protection: Local Hazardous Waste Management Fund is a special revenue fund for a regional program of local governments working collaboratively to protect public health and environmental quality by reducing threats posed by production, use, storage, and disposal of hazardous materials. This fund is managed by the Environmental Health Division.

Sections/Programs Each section aligns with a Public Health Operational Master Plan (PHOMP) Function

Protection: Field-Based Services
Local Hazardous Waste Program

Protection: Local Hazardous Waste Management Fund (This is a separate fund and appropriation unit.)

Program Descriptions

Protection: Field-Based Services Local Hazardous Waste Program: The purpose of the LHWMP activities in Public Health is to provide information and interventions to residents and businesses so that hazardous products are properly used, stored, recycled or disposed in order to protect public health and the environment. Services include complaint investigations, consultations/education, enforcement, advocacy, and policy development.

Protection: Local Hazardous Waste Fund
The Local Hazardous Waste Management Program in King County (LHWMP) is a multi-jurisdictional program whose mission is to protect and enhance public health and environmental quality throughout King County by reducing the threat posed by the production, use, storage and disposal of hazardous materials.

Program partners include:

City of Seattle - Seattle Public Utilities
King County - Department of Natural Resources and Parks - Solid Waste Division
King County - Department of Natural Resources and Parks - Water & Land Resources Division
King County - Public Health - Seattle & King County
The 37 Suburban Cities in King County - Suburban Cities Association

The authority for the establishment of the LHWMP comes from Washington State law (RCW 70.105.220) that required local governments, either individually or jointly, to develop and implement a plan to address hazardous wastes. Our Program is implemented through a "Management Coordination Committee" (MCC.) The MCC was enabled by the Seattle City Council (SMC 10.76) and the King County Board of Health (BOH Code 2.08.) It was also recognized as the Program governing entity by the Washington State Department of Ecology. The MCC sets the strategic direction and the implementation policies for our Program.

The LHWMP is funded through fees from all municipal wastewater treatment facilities and all public and commercial solid waste disposal activities in King County. The King County Board of Health sets the fee rates. LHWMP also receives some revenue from state grants and from interest on the Program's fund balance. Public Health – Seattle & King County is the administrator for this fund, which is reported as a non-major special revenue fund in the King County's Comprehensive Annual Financial Report.

Public Health engages in LHWMP activities as agreed to by the Program partners. These include providing information and interventions to residents and businesses so that hazardous products are properly used, stored, recycled or disposed in order to protect public health and the environment. Services include inspections, complaint investigations, consultations/education, enforcement, advocacy, audits, policy development and emergency response.

2011 Budget Change Drivers

N/A-Environmental Health administers the Local Hazardous Waste Management Program, which has its own fund and its own relatively stable revenue source of dedicated surcharges on solid waste and sewer fees.

Countywide Strategic Plan Alignment

This program supports the department's goals of protecting and improving the health and well-being of people in King County, as defined by per person healthy years lived; and reducing health disparities across all segments of the population. It does this through implementing its Strategic Plan which targets work higher in the waste stream in terms of reducing the hazardous materials content in consumer products: reducing the availability of hazardous materials; exposure to hazardous materials, particularly by underserved and more vulnerable segments of the population; and proper hazardous materials handling and management.

2011 Budget Changes and Prioritization Criteria

Protection: Local Hazardous Waste Fund

The Local Hazardous Waste Fund is a special revenue fund for a regional program of local governments working together to protect public health and environmental quality by reducing the threat posed by the production, use, storage, and disposal of hazardous materials.

Revenue Enhancement

The Local Hazardous Waste Management Program's 2011 budget proposal is for $14,921,360. This is a $620,780 increase from the 2010 MCC adopted budget. This is primarily due to increased costs for overhead charges, staff salaries and benefits, and augmentation of a few programs.

The proposed 2011 budget was developed to maintain a two-month average operating reserve (approximately $2.3M) required by the program's fiscal policies. For the most part, only minor

changes have been made in program fund allocations to projects. With a few exceptions, this proposed budget package supports projects and activities at funding levels that are similar to those in 2010.

Efficiencies (that don't have budget impact)

N/A

Prevention Division

The Prevention Division provides the County's disease surveillance and investigation, health promotion, and regulatory services to King County residents in order to prevent disease and injury, improve the residents quality of life and reduce disparities in health status. The Division is funded largely by dedicated funding sources: 69% of the Division's services are funded by dedicated resources such as grants and fees for service. The remaining 31% is "flexible funding" that consists of King County General Fund and funding from the state of Washington. The Division's activities are presented in three sections which are the Medical Examiner's Office, Chronic Disease and Injury Prevention, and Infectious Disease Prevention and Control.

Protection: Medical Examiner provides trained forensic medical evaluation to the investigation of sudden, unexpected or unexplained deaths of concern to the public health, safety, and welfare of the community. The King County Medical Examiner's Office (MEO) works in close collaboration with the King County Criminal Justice system. The MEO is also designated as an individual section in the division because it has a separate appropriation unit. State statute mandates that counties pay for medical examiner/coroner services. Because the MEO is a mandated service and is in a designated location within Public Health, it stands alone as its own section.

Promotion: Chronic Disease and Injury Prevention utilizes a variety of strategies and activities to address the prevention of chronic disease and injury to improve the health status of King County residents. Commonalities are found in the Chronic Disease and Injury Prevention (CDIP) section. Among the variety of programs such as asthma prevention, obesity and tobacco prevention, Injury prevention and cancer screening, the CDIP convenes stake holders in coalitions and other partnerships to: develop policy and advocacy; collaborate on service delivery and coordination of services; provide planning, technical assistance and evaluation support; and deliver targeted service.

Protection: Infectious Disease Prevention & Control works to prevent, respond to and control infectious diseases such as HIV/AIDS, Sexually Transmitted Diseases (STD), Tuberculosis (TB), and 50 reportable Communicable Diseases (e.g. vaccine preventable diseases such as measles, food-born diseases such as E. coli). The section consists of the TB Control Program, Communicable Disease Epidemiology and Immunizations Program, and the recently combined HIV/STD Program. Each provides state mandated disease investigation and reporting to the state, as well as disease surveillance and outbreak response. These programs that include the STD and TB Clinics, and Public Health Lab - the programs' testing and diagnostic partner, have been grouped together as the Infectious Disease Section.

Sections/Programs Each section aligns with a Public Health Operational Master Plan Domain (PHOMP)

Protection: Medical Examiner
MEO

Promotion: Chronic Disease and Injury Prevention

Chronic Disease & Injury Prevention (CDIP) Section

Protection: Infectious Disease Prevention & Control
Communicable Disease, Epidemiology & Immunizations
HIV/STD Program
Tuberculosis Clinic and Program
Public Health Laboratory
Prevention Division Administrative Services

Program Descriptions

Medical Examiner

The purpose of the King County Medical Examiner's office (KCMEO) is to provide limited death investigation and complete forensic pathology services for persons who die in King County as a result of apparent sudden, unexpected and unnatural deaths so that they have accurate cause and manner of each death. This service falls under the Protection Domain and pertains to King County's fundamental and statutorily defined responsibilities and powers to protect the public's health as well as specific statutory responsibilities relating to coroners and medical examiners. The Medical Examiner supports and informs activities that track disease, injury, and environmental threats to the public's health, in addition to its role in assisting law enforcement with death determinations.

The Medical Examiner provides death investigations when fatalities in King County appear sudden, unexpected or unnatural. When a fatality is unexplained, the KCMEO assumes legal jurisdiction of the body. In 2008, the Medical Examiner assumed jurisdiction over 2,137 of the 13,337 deaths that occurred in King County. As part of the death investigation, death investigators conduct an initial assessment at the death scene and transport bodies to the Medical Examiner's office for examination. In 2008, 1,639 bodies were transported by investigators. The Medical Examiner is a mandated service with an overall budget of over $4,000,000 that is almost entirely supported by county general fund.

Chronic Disease and Injury Prevention (CDIP)

The purpose of Prevention Division's Chronic Disease and Injury Prevention (CDIP) section is to develop and provide information, tools, and strategies that enable individuals and communities to identify and make healthy choices in order to increase the number of healthy years lived by people in King County and eliminate health disparities. Programs focus on preventing behaviors leading to disease, averting injuries, and preventing and managing chronic health conditions.

The CDIP section services provide planning, coordination, training and consultation, coalition building, demonstration programs, research, information, direct service and other support to agency and individuals in King County in order to help facilitate collaboration for chronic disease prevention, health promotion activities within communities, and efforts aimed to reduce health disparities among King County's population. The programs include Violence and Injury

Prevention**,** Diabetes prevention, Public Health's REACH program**,** Asthma outreach and education activities**,** Obesity Prevention programs including American Reinvestment and Recovery Act (ARRA) grant funded obesity prevention programs; Public Health's Breast and Cervical Health screening services, Tobacco Prevention programs including ARRA grant funded Tobacco prevention programs**.** The target populations are both county-wide and specific high-risk populations. The Section is funded almost entirely by dedicated grants and fees for service.

Infectious Disease Prevention & Control

Prevention Division's Protection - Infectious Disease Prevention and Control section protects the public from a variety of diseases. Public Health has fundamental and statutorily defined responsibilities and powers to protect the public's health. The long-term purpose of the Protection section's programs is to increase the number of healthy years lived by people and eliminate health disparities through rapid identification and effective response to current and emerging diseases, environmental and other threats.

Communicable Disease Epidemiology and Immunization (CDIMMS): The CDIMMS program per legal mandate works to prevent and control 50 reportable communicable diseases and conditions such as measles, E-coli, pertussis, salmonella, and hepatitis A, B, and C. The program serves all of King County. Communicable disease services provided include investigating and reporting 6,000 disease reports annually; monitoring and reporting disease incidence and trends; providing infection control interventions and recommendations; providing medical consultation and technical support to health care providers; policy development related to disease prevention and control; providing community education; and emergency preparedness planning and response to disease outbreaks, disasters and bioterrorism. The immunization services include immunization promotion and assessment of immunization trends, technical assistance to health care providers and distribution of $30 million of childhood vaccine annually to 340 health care clinics throughout King County.

HIV/STD Program: Prevention Division's HIV/AIDS program works with community partners to assess, prevent and manage HIV infection for HIV-infected residents and those at risk of infection in King County in order to stop the spread of HIV and improve the health of people living with HIV. HIV/AIDS programs include outreach and education to high risk populations, community planning, program quality reviews, syringe exchange, and treatment vouchers for opiate-dependent Seattle residents. Prevention's Sexually Transmitted Disease (STD) Program undertakes an array of interventions and activities to prevent STDs and their complications. Most activities are mandated by Washington state law. Activities include STD and HIV diagnostic and treatment services, clinical services, surveillance, partner notification, education and training, and epidemiologic and clinical research. The HIV and STD programs merged in 2010.

Tuberculosis (TB) Program: The TB Program prevents, controls, and treats tuberculosis in the community. The TB program, through legal mandate, manages and treats an average of 140 active TB cases annually, often among homeless, foreign-born and low-income populations in King County. Services provided include clinical services, disease surveillance, case reporting, individual and outbreak management, medical consultation, special investigations, educational materials development, and coalition participation and development.

Laboratory: Provides laboratory testing for the department that focuses on tests needed for public health purposes, quality assurance, and overview of contracted lab tests.

Prevention Division Administration: Provides administrative oversight and support for the three sections in Prevention Division.

2011 Budget Change Drivers

Specific change drivers for Prevention are:

Decreases in State Funding. Reductions made in the recently completed state legislative session have forced reductions in Prevention's tobacco prevention programs. There may be more reductions in the HIV/STD program as statewide allocation decisions are made over the summer.

Increased Dedicated Categorical Federal Funds: The Department has been very successful in applying for, and receiving, federal grant funding:

- The American Recovery and Reinvestment Act (ARRA) is funding Communities Putting Prevention to Work (CPPW) projects. Throughout 2011 the division will continue activities funded by two 2-year grants initiated in 2010 that will reduce the human and economic costs of obesity and tobacco use. The two year grants with pre-determined scope of work will fund community agencies, schools, businesses and local governments in working to change policies, systems and environments to make healthier choices easier and more accessible for everyone. While this is an exciting opportunity, these funds are short-term, and are limited in scope. These short term dedicated funds with their already approved contracted scopes of work cannot address the division's overall funding challenges.

- NIH Diabetes Research Grant is a five year, $2.4 million grant from the National Institutes of Health (NIH) to support a research project entitled "Peer Support for Achieving Independence in Diabetes - PeerAID." This research grant has a direct service component that will fund home visits by community health workers to Hispanic families that have individuals with type 2 diabetes. The worker will provide education, support and linkages with the medical community. The project creates 4.5 new positions and supports another .15 FTE of existing staff. Partners on the project include the VA Medical Center, Sea Mar Community Health Centers and the University of Washington's Harborview Medical Center.

Changes in Service Models, Efficiencies and New Revenue:

In light of increasing costs, the division is developing the following budget proposals, consistent with the department's general approach to seek new revenues, efficiencies and model changes:

- Lab Fee for Service Model: In 2011 Public Health Lab will revise its funding method to charge for its services on an at-cost fee-for-service basis. The fee-for-service effort was

piloted for lab services provided to Jail Health beginning in 2009. In 2011 the Public Health Laboratory will move further toward a fee-for-service system that will charge Public Health clinics in Prevention (STD and TB) and Public Health's Community Health Services division sites for the true cost of lab services. To accommodate this, allocations of county General Fund in the Laboratory have been transferred proportionately to the clinic sites in 2011 as part of 2011 budget development. The fee-for service system will enhance the lab's ability to track costs and adjust fees as necessary for long term financial stability and increased accountability. Other state public health funding will be reserved in the Lab to assure that non-reimbursable disease surveillance and control efforts can be sustained.

- Co-Locating Vital Statistics and MEO: The 2011 budget also presents a plan to co-locate Vital Statistics (currently in the King County Administration Building) with the MEO at the Harborview Ninth and Jefferson Building. A co-location offers efficiencies in use of front counter staff, facility rent and in other functions.

- MEO Increased Fees: The MEO is proposing to increase the fee charged for copies of autopsy reports. This revision is forecasted to increase MEO fees by $40,000 which is being used to partially offset a $350,000 GF target reduction

Countywide Strategic Plan Alignment

All of Prevention's services work toward meeting the Countywide Strategic Plan goals:

- Prevention's Communicable Disease, HIV/STD, TB, Lab programs work to protect all of King County from the spread of infectious disease and support safe communities:
- The MEO works daily with the justice system to provide safe communities;
- The Chronic Disease and Injury Prevention program works to eliminate health disparities that keep people from realizing their full potential and the new ARRA grants will fund large efforts that will accelerate changes that will reduce the human and economic costs of obesity and tobacco use. Examples of ARRA activities include supporting corner stores in offering more healthy options, providing healthier foods in schools and childcare settings, restricting tobacco marketing and providing smoke-free environments, and promoting city planning, zoning and transportation that is pedestrian and bike friendly. All of which encourage a growing and diverse King County economy and vibrant, thriving and sustainable communities.

2011 Budget Changes and Prioritization Criteria

General Fund supported changes to Prevention's budget:

Target Reduction MEO: To meet the GF ($350,000) target reduction challenge, the MEO proposes to eliminate Medical Examiner death scene response services between 10:00 PM to 6:00 AM daily with the exception of homicides that will require on-call staff to respond. This service eliminates 1.5 FTE Death Investigators on the MEO night shift and retains one staff (1.5 FTE is needed to cover 7 nights). The body of work the one Death Investigator will perform is

significantly reduced: staff will provide only death scene remains pick up, collection of any drugs and/or weapons that may be on scene, and take all back to the MEO offices. Scene investigation functions will transfer to the police that are on scene. Follow up services and any needed documentation will be managed by the Death Investigator staff that will remain and are assigned to the MEO's day shifts. This reduction of death investigation service is the largest portion of the target reduction challenge. The anticipated impacts of this reduction will be that police will be required to provide death investigation services and, because MEO morning staff will have to process paper work and complete all follow up, there will be an additional workload placed on the morning MEO staff, which may result in longer response times for morning shift death scenes. The workload to pick up remains during these night shift hours averages 1 body per night which is less than other shifts, with an average of 3 bodies per shift.

The MEO also proposes to increase the fee for autopsy reports from $40 to $50. This increase supports the cost of providing this service. This fee revenue increase of $40,000 is revenue in lieu of a reduction and partially backfills the $350,000 target reduction. Finally, the MEO proposes to reduce its staff Forensic Anthropologist by (0.25 FTE) from 1.00 to 0.75 FTE.

Target Reduction HIV/STD: To meet a GF ($150,000) target challenge, the HIV/STD program proposes to eliminate services at King County's Department of Youth Services (DYS) juvenile detention facility, a satellite service. This $52,542 reduction will eliminate all funding for STD clinical services at DYS and will result in the loss of a .35 FTE Clinician, a contracted provider and not a King County employee, who performs an estimated 500 clinical visits per year. In 2010 the STD program had partially reduced services at DYS. This reduction does not reduce service capacity at the Department's STD clinic.

The HIV/STD program also proposes to eliminate GF support for a Disease Control Officer in the HIV/AIDS program. This will reduce GF that supports management, planning and leadership before implementing a reduction in direct services. This position is currently vacant and, when it is filled, the program will strive to support it by using grant, not GF, funding. As an efficiency, the STD Disease Control Officer has assumed oversight for HIV and STD, and other organizational changes are made to assure continuity for the newly integrated HIV/STD section.

Other significant budget changes:

Balancing to Other Resources: Prevention's budget also contains changes that include updating non-GF expenditures and revenues to 2011 levels; balancing of expenditures to 2011 grant funding awards; technical changes; and overall balancing.

The FTE and TLT impacts aggregated by section are
(.83) FTE and TLT in CDIMMS;
(2.55) FTE and TLT in HIV/STD;
(1.93) FTE and TLT in CDIP;
1.00 TLT increase in Lab
(7.31) TLT and FTE Division-wide

State Funding: In this budget Prevention has had to decrease funding for its core Tobacco Prevention program by ($90,000) calendar year reduction ($180,000 state fiscal year reduction) due to reductions in Tobacco use prevention budget at the State level. The program will reduce its budget that has been used to support community level interventions to accommodate this loss of revenue but retains the prevention capacity in the core tobacco use prevention program. Core programming has had a very successful impact on King County: by 2008, King County experienced an all-time low smoking rate of just 10.6% among adults - about half the rate of the early 2000's.

Significant additions to Prevention's budget include:
ARRA Grants: This two year dedicated funding in CDIP, described above, is for specific Obesity prevention and Tobacco use prevention activities.
NIH Diabetes Grant: This funding increase in CDIP is a new five year research project grant that has a direct service component providing education, support and linkages with the medical community for low income, Hispanic families that have individuals with type 2 diabetes

New services proposed with Prevention's budget:
Proposed New Burial Disposition Service and Fee. With this budget the MEO is proposing an expanded function for the MEO to review all deaths prior to disposition of the body. This will result in a public health and law enforcement benefit of being able to both identify all unnatural deaths and assure legal and complete certification of all deaths in King County before burial occurs. To support this service the MEO is proposing a $50.00 cost-recovery fee per certification. This new service will allow King County to assure accurate determination and reporting of cause and manner of death and avoid an estimated 40-50 burials presently conducted annually without proper review. This fee and process already applies to cremations, which constitute two-thirds of all deaths in King County. The proposal is to apply this process to all deaths regardless of the method of disposing of the body.

Efficiencies proposed in Prevention's budget:
MEO/Vital Statistics Co-location. This budget presents a plan, developed in coordination with Facilities Management Division (FMD), to co-locate Vital Statistics Program (currently in the King County Administration Building) with the MEO at the Harborview Ninth and Jefferson Building. A co-location offers efficiencies in use of front counter staff and in other functions. This has been done to achieve savings for rent and unfilled vacancies that will help mitigate challenges to the two programs due to cost increases.

Prevention Division Administration is reducing an administrative specialist position due to the lessening of its HR paper processing, filing and copying workload that has been realized with the implementation the Human Capital Management (HCM) module of ABT. Along with this administrative reduction the Division is able to budget heretofore vacant space to accommodate staff arriving due to newly funded ARRA and NIH grants. Combined these two savings reduces approximately $300,000 of Division level overhead that used to spread to division programs.

Performance Measures

Performance Measure: Non-Homicide Death Scene Investigations completed by the KCME on the night shift.*

Target					Actual Performance			
2007	2008	2009	2010	2011	2007	2008	2009	1st Q 2010
365	365	365	365	0	474	475	475	119

*Non-homicide death scene investigation is transferred to other, non-KCME, entities

Performance Measure: Number of STD clinical services provided at DYS.

Target					Actual Performance			
2007	2008	2009	2010	2011	2007	2008	2009	1st Q 2010
1,000	1,000	750	500	0	1,006	891	686	133

Performance Measure: Number of state funded local initiative contracts to community based organizations to implement tobacco prevention interventions.

Target					Actual Performance			
2007	2008	2009	2010	2011	2007	2008	2009	1st Q 2010
5	5	5	3	0	5	5	5	0

Regional Cross-Cutting / Administrative Functions

The purpose of the Regional Cross-Cutting/Administration Divisions is to ensure capacity for accomplishing the core activities of Assessment, Policy Development, and Assurance is available and consistent across the domains of protection, promotion, and provision as outlined in the P.H. Operational Master Plan (PHOMP.) In addition, the core business functions, including data and IT infrastructure/management, financial management and human resources necessary for organizational accountability are included.

Sections within these divisions include Preparedness, Regional Cross-Cutting Public Health Services, and Cross-cutting Business Services and are aligned with PHOMP domains Protection and Organizational attributes.

Sections/Programs
Each section aligns with a Public Health Operational Master Plan Domain (PHOMP)

Protection: Preparedness

Organizational Attributes: Regional Cross-Cutting Services
Assessment, Policy Development, & Evaluation Program (APDE)
- Grant Management
- Academic Health

Policy, Community Partnerships, Communications (PC2)
- Equity and Social Justice Initiative
- Communications
- Children & Families Commission
- Board of Health
- Provision Assurance
  - Chiefs of Medical, Nursing, Dental & Pharmacy Services
  - Mental Illness Drug Dependency (MIDD) Levy project

Administrative Projects

King County Vital Statistics

Organizational Attributes: Cross-Cutting Business Services
Business Standards & Accountability
Contracting, Procurement & Real Estate
Human Resources including the Diversity Initiative program
Department Administration
Finance/Accounting/Budget/Payroll Section
KC PH IT Services

Protection: Preparedness is 100% federal grant supported with no local or state funds supporting its activities. The goals of the Preparedness section are to prepare public health staff and our

business/city/nonprofit partners and the community for all-hazards public health emergencies including weather-related events, earthquake and other natural disasters, and disease epidemics and pandemics that put pressure on the health care system. Preparedness will not know at what level the federal government is funding preparedness activities until later this fall. Funds that become available are time limited and are typically event and function specific (i.e. vaccine).

Organizational Attributes: Regional Cross-Cutting Services include core functions of epidemiology, community assessment, communications, partnership development, evaluation, policy research, development, policy promotion and implementation, strategic planning, and system change. The integration of these capabilities is critical in achieving departmental goals that cross cut public health protection, promotion, and provision. This functional section represents the org "home" for key PHOMP-driven functions such as developing the leadership and core capacities necessary to improve response to existing public health concerns and develop and implement effective strategies to address emerging issues.

Organization Attributes: Cross-Cutting Business Services include the business, human resource, financial, compliance and IT services necessary to operate the department in accordance with local, state and federal regulations as well as the goals outlined in the Public Health Operational Master Plan.

Program Descriptions

Preparedness

Public Health Preparedness: The Public Health Preparedness program ensures employees and community partners are prepared to respond to emergencies and disasters. With grant funds, Public Health coordinates emergency planning, and training and exercise efforts for employees and regional partners. Services are: all-hazard planning; emergency preparedness training; development of drills and exercises; development and maintenance of 24-hour emergency response capability; management of program grants, contracts and deliverables; maintenance of emergency equipment and supplies; coordination of health systems preparedness planning; coordination of workforce preparedness and business continuity planning; surveillance planning and vulnerable populations planning. The program's goal is to maximize the efficiency with which Public Health and our community prepares for, responds to, and recovers from emergencies and disasters.

Regional Cross-Cutting Services

Assessment, Policy Development, and Evaluation (APDE): The primary role of this unit is to develop and provide health assessment data and analysis to inform planning, policies, and actions, within the Department, within County government, and with other public and private partners. Data can also be used to develop innovative interventions that improve the health of King County residents. Analysis and elimination of health inequities is central to the work of this unit. In partnership with community organizations APDE develops and implement state-of-the-art techniques to collect and analyze epidemiological data, and develop and assess effective policies and interventions. Primary activities in which APDE engages to fulfill the goals of the

OMP includes community health assessment, primary data collection and analysis, technical assistance, GIS analysis, data requests, policy development, and evaluation.

This section also includes the following functions:

- **Grants Management:** Develops and facilitates grant seeking opportunities to support innovation in public health practice, demonstration programs, develops program capacity and conducts research. This section coordinates the development of capacity within divisions to write grants and complete grant applications, and provides technical support to grant writers and divisions.

- **Academic Health:** central expert advice and assistance resource for accessing evidenced-based, electronic reference material and provides a formal relationship to the University of Washington for establishing academic relationships between faculty, students and public health professionals.

Policy, Community Partnerships, Communications (PC2): Leads, develops and coordinates internal and external communications including communications/PIO functions, government relations, administration and staffing of the Board of Health, legislative monitoring, community and stakeholder engagement, and development of public/private partnerships. PC2 promotes public policy changes consistent with the PHOMP and King County Strategic Initiative, Board of Health regulations, and collaborates with department subject matter experts to interpret and apply research findings for formulating policy priorities and strategic planning.

This section also includes the following functions:

- **Equity and Social Justice Initiative:** Public Health is the facilitative lead of the King County Equity and Social Justice Initiative. Although there are not dedicated resources to this work per se, this effort is led by Policy, Community Partnerships, and Communication (PC2) and Assessment, Policy Development, and Evaluation (APDE) staff and utilizes resources across the department to participate in three levels of action:

    1. Policy development and decision-making: King County will ensure that promoting equity is intentionally considered in the development and implementation of key policies and programs and in making funding decisions.
    2. Delivery of county services: By working with partners and the community, King County and its departments will identify and mitigate social inequities. All departments began new activities in 2008 to promote equity.
    3. Community partnerships: King County can be a catalyst for mobilizing the community and supporting effective partnerships and actions. Community engagement and education constitute the initial set of opportunities.

- **Board of Health:** Provides operational, coordinating and staff support to the Board of Health.

- **Communications:** Provides routine, event- or population- specific, and emergency communications to internal and external customers, media releases, and public educational messaging.

- **Children and Families Commission:** This volunteer, Executive-appointed Commission works with families, communities, and schools to provide oversight and review of county funded systems that serve children and families, promote cooperation among King County departments, evaluate the effectiveness of King County programs that serve children, youth and families, oversee implementation of policies adopted by the King County Council concerning children, youth and families, and concentrate on building links between the county's service system, communities, and schools.

- **Provision Assurance:** Provides policy leadership and strategic planning for health services assessment and service provision across all divisions in Public Health and in coordination with community partnerships, with an emphasis on health reform and the safety net.

    1. **Chiefs of Medical, Nursing, Dental and Pharmacy Services:** Provides policy/procedure and standards development, central oversight, quality assurance, professional recruitment, credentialing, process improvement and oversight to the lines of professional services that comprise most direct care: Medical, Nursing, Dental and Pharmacy.
    2. **Mental Illness and Drug Dependency (MIDD) Levy:** Public Health provides project planning and implementation of Strategy 12b, one of several strategies designed to implement the goals of the MIDD Levy, develops provision of hospital re-entry beds for former inmates.
    3. **Quality and Customer Service:** leads departmental and customer service performance improvement.
    4. **Safety Net and Health Care Services Assessment and Health Reform Policy Leadership**
    5. **Facilitation of implementation of Electronic Health Records**

King County Vital Statistics: Provides certified birth certificates and certified death certificates for all areas of Seattle and King County. Vital Statistics functions under the leadership of the Prevention Division.

Administrative Projects:
In the budget, limited on-going services initiated and delivered out of the Office of the Director in Public Health are structured under the category of Administrative Projects. These services include Diversity Initiatives, QI and Performance Standards, and the City of Seattle's financial support for the Director/Health Officer's salary.

<u>Organizational Attributes: Cross-Cutting Business Services</u>

Business Standards and Accountability: Directs oversight, training and support of a wide range of regulatory compliance functions (e.g., HIPAA), Risk Management, Public Disclosure,

release of medical information, internal policy development, state Public Health standards and Public Health accreditation.

Contracting, Procurement and Real Estate: Provides services for oversight, processing and support of contracting, procurement, facilities, fleet and leasing.

Human Resources (including the Diversity Initiative Program): In coordination with HRD, provides the full range of human resources services for the department, including administration/oversight of HR policies and procedures, recruitments/processing new hires, leaves, investigations, terminations, labor relations, contract administration, performance improvement/disciplinary practices, diversity awareness and education.

Department Administration: Provides strategic leadership and oversight of all department programs and operations within the framework of OMP policy directions. (Includes the offices of the Director/Health Officer; Chief Administrative Officer; Chief of Staff; Chief of Health Operations; their administrative support personnel; and related staff to support department management/accountability and office support)

Finance/Accounting/Budget/Payroll Section: Provides services for management and processing of all financial and accounting services for Public Health, including Accounts Receivable, Accounts Payable, Payroll, and budget/financial management.

Public Health Information Technology (PH IT): Provides oversight and support to IT systems, projects, applications and infrastructure in coordination with OIRM.

2011 Budget Change Drivers

Regional Cross-Cutting Services

The purpose of Regional Cross-Cutting Public Health Functions is to ensure the capacity for accomplishing the core activities of assessment, evaluation, policy development, policy awareness and promotion, and provision assurance, and to provide a foundation for consistent priority setting and decision-making across the department.

Public Health is experiencing a gradual decline in its technical and analytic tools capability for conducting population assessment, program evaluation, original data analysis, and interpretative analysis. The cause of this decline can be attributed to flat or decreasing state funding, successive fiscal year budget reductions, increasing ongoing operational costs, and continued reduction of foundational capacity at the state level for original data production; in 2011 the State will cut BRFS (behavior risk factor survey) by 40%. The result is increased constraints for performing basic data gathering and analysis, and a significant gap for applying modern techniques in these core activities as outlined in the OMP.

Preserving and increasing funding for Public Health to carry out assessment and evidence-based policy development to ensure protection, promotion and provision goals, as identified in the PH Operational Master Plan (PHOMP), is a primary concern over the next few

years. The PHOMP, which was approved by the County Council, City Council and Board of Health, directs prioritization of these functions. These core functions (community health assessment, policy development, evaluation, and policy implementation) are funded by a mix of State and local funding. At current funding levels, the department is decreasing its capacity to conduct core functions commensurate with the needs of a Major Metropolitan Health Department. Current capacity allows for a limited response to the most pressing health concerns while broad- and long-range assessment, prioritization and identification of emergent issues are increasingly sidelined. There is diminishing ability to expand capacity to address emerging issues and insufficient resources to provide comprehensive community assessment that includes broader data on community assets and needs, existing programs and gaps, and allows for adequate community engagement in the overall process.

Increasing grants provides temporary service capacity enhancements dedicated to the deliverables allowed in the grant. Any capacity development and increased application of evidence-based best practices or new programming is immediately curtailed at the grants' termination. Given the department's recent award of the Communities Putting People to Work federal stimulus grants discussed in the Prevention Division, the unusual magnitude of the awarded grants will inordinately demonstrate this capacity dilemma mid-2012 when the grants terminate.

Cross-Cutting Business Functions
Cross-Cutting Business Functions provides internal direct service business functions that provide the infrastructure and foundation of services in the department, and therefore need to be preserved. The department has made significant reductions in recent years and will continue to look at reductions in proportion to overall budget reductions. Preserving capacity during the implementation of ABT business solutions is especially critical while dual systems are employed. Public Health will prudently apply ABT efficiencies to ensure continuity of business practices and accountabilities.

Facilities Master Plan
The department worked with FMD to develop a proposal for FMP funding for 2011. A Public Health FMP is the subject of a proviso in the 2010 Adopted Budget, Section 93, Proviso P4. An FMP proposal would be a component of the DES/FMD budget request.

Countywide Strategic Plan Alignment

The programs in Regional Cross-Cutting Services and Business Services strive to maximize efficiencies utilizing technology as much as possible under County guidelines and improve services to save money and provide optimal customer service. The sections' core functions provide data analysis and recommendations in programming, initiatives, and policy recommendations across Public Health and King County by incorporating evidenced-based best practices to improve the health and well being of all King County residents, so they may have equitable access to opportunities and realize their full potential.

2011 Budget Changes and Prioritization Criteria

Protection: Preparedness

Reductions
In an effort to preserve its core services of preparing Public Health for response during an emergency event, Public Health proposes eliminating or reassigning 8.0 FTE to address its anticipated net reduction in revenue and inflationary gap totaling 1.6 million. In addition Preparedness and divisions in Public Health collaborated to identify current year salary savings to preserve core Preparedness functions into 2011. This strategy is a one-time only solution. Specifically:

- FTE to be abrogated
- FTE to be absorbed by new funding/grant opportunities
- 2.0 FTE are 2011 cost avoidance reductions: a one-time only solution through July 2011 (the grant fiscal year) to maximize existing funding between divisions to leverage Preparedness grant funding.
- 2.0 FTE will remain vacant if forecasted funding remain constant
- Funding solution for the Emergency Preparedness Warehouse totaling $160,000. A one-time funding for 2011 only.

Preparedness core planning and training activities which are supported by recently received grants, will continue per the multi-year strategic plan.

As a clarifying note: It is useful to distinguish between response activities, and planning and preparation activities. The department's 2011 budget proposal preserves core functions for training and planning for emergency events as outlined in the grant deliverables. These funds cannot be used to support response activities. H1N1, for instance, was supported by one-time funding from the federal government.

Organizational Attributes: Regional Cross-Cutting Services

Revenue Change

King County Vital Statistics
Notary Fee: King County Vital Statistics proposes a new $8 fee for notary services provided to clients, raising revenue to Vital Statistics by approximately $2,400 annually. Vital Statistics employees with notary public licenses assist parents who need to add the father's name to the child's birth certificate. This is done with a Paternity Affidavit that both parents must complete, sign and have notarized. Parents can go to any notary public to have this done. If they prefer to have a Vital Statistics employee provide the notary public service, a fee of $8 is proposed to cover the costs of providing this service. This same fee amount of $8 is used in the King County Sheriff Office Civil Unit.

Reductions

Children and Family Commission (CFC)
To help the department address its 12% General Fund reduction in the P.H. Fund, Public Health proposes eliminating all General Fund support to the Children and Family Commission ($1,170,000). The Children and Family Commission was established pursuant to Chapter 2.50 of the King County Code. It has been based in the Public Health Department since 2004 and its revenues consist of $1.1M in general fund and $616K from the Veterans' and Human Services Levy. An elimination of all GF would reduce by two-thirds the funding available from the Commission for community-based organizations that focus on the well-being of families with children.

General funds pass through Public Health to support community organizations' safety-net prevention programs for the County's vulnerable populations who are most likely to become involved in the criminal justice system. Three examples are listed here illustrating the three major prevention programming areas of CFC. The three major areas are designed to engage and leverage community partnership and participation, as well as applying evidenced-based best practices to improve preventative programs.

Healthy Families Program
Healthy Start: The project is based on a successful, nationally recognized program model that engages young parents with intensive home visiting by trained professional and volunteers. The project utilizes Parents as Teachers curriculum. Participants are young families expecting or parenting their first child. Participants may remain in the project until child is three. Individuals receive intensive in-home services, as well as mentoring, education, family support and access to resources. Project is community collaboration linking five major human service agencies. Results have shown marked reduction in child abuse and neglect, fewer arrests of mothers and reduction in the child's involvement in the criminal justice system.

Safe Communities Program
Center for Human Services - Family Support for Tweens and Teens Project: Family center based, youth development project has three areas of service for middle school and high school

students in the Shoreline School District. 1) Out of School Time activities which include homework clubs and one on one tutoring. 2) Service Learning Youth groups provides increased peer support for youth as they participate in service learning projects 3) Volunteer Opportunities for youth. Project focuses on reaching disaffected youth that are at risk of dropping out of school, entering the criminal justice system or expressing violent behavior.
Irreducible Needs of children and families are the most basic needs of families identified by a group of over 75 community stakeholders. The Irreducible Needs cover all areas of a families needs including health, social and economic need. The Commission has worked with stakeholders to advance this work and develop indicators to measure the health and well being of families in each Council district.

Community Partnerships
Irreducible Needs: The information gathering process involves utilizing community focus groups, including immigrant and refugee families, teens, and low income families. Focus groups are held in the native language of the group and facilitated by a trusted member of their community. Technical assistance is provided and final analysis of the focus groups is provided by consultants. Work has been completed in Council Districts 2, 5, 6 and 9.

Organizational Attributes: Cross-Cutting Business Services

Reductions
Public Health proposes reductions in its overhead cross-cutting business functions that are commensurate with the 12% general fund target reduction and maintain sufficient capacity and infrastructure to support business accountabilities and the PHOMP domains of provision, protection and promotion.

In addition, Public Health identified areas of further efficiencies through automation and process improvement from utilizing "Upside", the department's contracting application; successful implementation of IT reorganization; and the successful completion of an approved financial side-system interface for the ABT project. Throughout the remainder of 2010, Public Health will work with OMB to identify additional efficiencies as a result of strategic analysis to identify further efficiencies.

Efficiencies (that don't have budget impact)

0.5 FTE of a program manager in Children and Family Commission has been reassigned, in lieu of layoff, to revenue-backed operational responsibilities in other sections in the division as a budget neutral solution for addressing a gap in certain key functions.

ABT: 2.0 TLT FTE will be abrogated as cost avoidance reductions in preparation for the 2011 fiscal year. The majority of the work assignments will have been completed by 2011 with the remaining project activities will be shared by remaining career service staff.

Compliance: a more organized coding auditing and monitoring process is being developed in the Business Standards & Accountability Section's Compliance Office to help assure compliance

with current federal regulations pertaining to patient billing and related functions, as promulgated by the Office of the Inspector General of US HHS. This will be accomplished in a cost neutral manner by transferring resources from the department's Finance Unit.

Performance Measures

Budget Change: Eliminate the Children and Family Commission 2 FTE's and eliminate all programs funded with CX dollars.

Performance Measure: Number of children, youth and families served

Target					Actual Performance			
2007	2008	2009	2010	2011	2007	2008	2009	1st Q 2010
1,000	1,100	1,100	932	0	1,100	1,197	1,100	605

Jail Health Services

Public Health through its Jail Health Services (JHS) section is required to provide health care services to all incarcerated individuals in the King County Correctional Facility (KCCF) and the Maleng Regional Justice Center (MRJC) in support of the courts' findings that inmates have a constitutional right to certain standards of care. Those rights are laid forth in the Hammer Settlement and the Department of Justice (DOJ) Agreement as well as by the National Commission for Correctional Health Care (NCCHC) accrediting agency. Jail inmates are a population that is underserved and among the most medically vulnerable in the County. Jail health services are often the only access point for medical care for inmates. This population includes a large proportion of low income and homeless individuals, mentally ill, and drug-addicted individuals.

Sections/Programs Each section aligns with a Public Health Operational Master Plan Domain (PHOMP)

Provision: Jail Health Site-Based Clinical Services
Provision: Jail Health Shared Clinical Services
Provision: JHS Psychiatric Services

Program Descriptions

Provision: Jail Health Site-Based Clinical Services:

JHS addresses the acute and chronic medical, dental, and mental health needs of all adult inmates in secure detention. Upon booking, every inmate receives a health screening. Any existing acute or chronic conditions are addressed at that time, including verification and ordering of active prescriptions the inmate has been receiving from an outside pharmacy.

During an inmate's stay JHS develops and implements a treatment plan for acute and chronic conditions identified in the initial screening and responds to requests for health care services as they arise.

Examples of acute care services provided include: alcohol/drug withdrawal management; identification and treatment of infectious diseases; wound care; and emergency care.

Examples of chronic care services provided include: treatment and monitoring of chronic conditions such as high blood pressure, asthma, and diabetes; psychiatric treatment and maintenance; pregnancy care; and referrals for specialty medical care (such as kidney dialysis).

This section of the budget includes salaries and benefits for staff providing direct clinical care to inmates along with supervision and clinical and program oversight positions (Medical Director and Nurse Manager). Expenses for staff providing clinical care in the psychiatric services program have been transferred temporarily to the MIDD fund.

Provision: Jail Health Shared Clinical Services:

This section of JHS includes all support functions related to the provision of health care, including:

Electronic Health Record (EHR) and Health Information Management
These functions include management of patients' medical records, including support and training for the EHR system, scanning of documents into the EHR, responding to legal inquiries, and processing releases of information.

Release Planning
This unit includes funding through the Criminal Justice Initiative to provide release planning services for the most vulnerable inmates, including linkage to services upon release, i.e. housing, primary and specialty health care, mental health services, and substance abuse treatment. Ryan White grant funding provides case management and mental health services for HIV-positive inmates. Release planning services are provided with the goal of reducing recidivism.

Supplies and Services to Support Clinical Operations
These costs include pharmaceuticals, medical and dental supplies, laundry services, hazardous waste disposal, etc.

Other Clinical Support Functions
These costs include clinical staff training and scheduling, infection control and environmental sanitation oversight, clinical quality assurance and regulatory compliance oversight, employee health (for both JHS and DAJD staff), and JHS administration.

King County central rates and Public Health Department overhead allocated to JHS are also budgeted in this section.

Provision: JHS Psychiatric Services:

This section of the budget includes salaries and benefits for staff providing direct clinical care to inmates in the psychiatric services program, including clinical and program oversight (Managing Psychiatrist).

2011 Budget Change Drivers

Jail Health Services operates under several legal and regulatory mandates that direct the scope and frequency of services that must be provided. Many of these entities are calling for increased services and documentation, including:

- NCCHC Accreditation – 67 standards and 324 compliance indicators
- US Department of Justice – 3 year Memorandum of Agreement

- Washington State Board of Pharmacy regulations
- King County Council Auditor – 15 point plan

While the specific services to be provided are driven by the mandates described above, the JHS workload is driven by both the number of inmates in the jails and the acuity of their health needs, neither of which are controlled by JHS.

In response to required General Fund reduction targets, the JHS 2011 budget request includes service reductions (detailed below) eligible to be bought back through potential new sales tax revenue.

Countywide Strategic Plan Alignment

Services provided by JHS support the following Countywide Strategic Plan strategies:

Goal: Justice and Safety

- Operate secure and humane detention facilities that comply with legal and regulatory requirements.

Goal: Health and Human Potential

- Initiate, implement and coordinate programs that prevent the leading causes of poor health and premature death, including injuries and violence.
- Ensure access to affordable, appropriate and quality physical and behavioral health services.
- Provide education that promotes individual health.
- Facilitate access to programs that reduce or prevent involvement in the criminal justice, crisis mental health and emergency medical systems, and promote stability for individuals currently involved in those systems.

Proposed service reductions in JHS will decrease the amount and quality of health care services provided to jail inmates, potentially resulting in difficulty complying with legal mandates. These reductions will reduce capacity to prevent future involvement in the criminal justice, mental health, and emergency medical systems, conflicting with strategic plan strategies in these areas.

2011 Budget Changes and Prioritization Criteria

In order to meet the General Fund target reduction JHS first pursued efficiencies including use of technology. Next JHS reviewed all health care services provided and identified those, which if reduced, would have the least impact on inmates' health.

Efficiencies:

Medication Packaging ($205,154): JHS is implementing an automated medication packaging technology solution, which will achieve efficiencies and expenditure reductions. This project received capital funding in 2009 and is scheduled to go-live in the third quarter of 2010.

This change is anticipated to reduce risk to patients by minimizing opportunities for error in the process of dispensing and administering inmate medications. Implementation of this solution retains and improves JHS healthcare provision while reducing overall costs. The risk-reduction benefits of this solution will address concerns which have been raised by both the Washington State Board of Pharmacy and the King County Council Auditor's office.

Electronic Health Record Efficiencies ($284,085): The implementation of the EHR has resulted in additional efficiencies and a corresponding ability to reduce expenditures. JHS began implementation of an EHR in 2007, and has recently automated the process of registering inmates in the system. This change resulted in staff reductions in 2010 and in 2011 JHS will no longer pay overhead for use of the Public Health Signature patient registration system. Registration automation is anticipated to reduce risk to patients by minimizing opportunities for errors in the process of registering new patients.

Nurse rounding efficiency ($41,173): JHS has identified an opportunity to combine nursing functions in one area of the practice resulting in a savings of 0.40 FTE. This change will result in provision of a variety of health care services to inmates during clinical rounds which were previously provided at separate times.

Reduce health assessment documentation ($8,537): Eliminate requirement for providers to document review of health assessments in the EHR when health assessment results are "normal" (0.075 FTE).

Service Reductions:

Eliminate STD clinic visits for asymptomatic patients with positive STD screening tests ($5,692): Patients with positive STD screening tests without symptoms would continue to receive medication treatment, but would no longer see a provider for harm reduction counseling (0.05 FTE).

Reduce Release Planning Services ($35,824): Eliminate 0.50 FTE Release Planner. Release planning services are aimed at reducing recidivism. The impact of this reduction will be that fewer inmates will receive linkage to services upon release such as housing, primary and specialty health care, mental health services, and substance abuse treatment.

Efficiencies (that don't have budget impact)

Implementation of the EHR resulted in many efficiencies for which JHS took budget reductions in prior years, but there are also other efficiencies that have not had a budget impact, for example:

- The quantity of medical provider clinical reviews has increased, without an increase in staffing, resulting in improved patient care;
- Improved medical provider coverage due to ability to remotely access a patient's record;
- Availability of data for quality reviews and clinical studies;
- Ability to build a chronic care registry which is more efficient and reliable than manual tracking;
- Centralized patient scheduling, resulting in improved access to care.

Reorganization of wound care services including: (1) use of improved wound care products that improve outcomes and (2) training of staff to address more complex wounds resulting in improved patient care.

Implementation of the printed medication administration record resulted in a reduction of medication errors and minimized potential negative patient outcomes.

Implementation of the Pyxis after hours drug dispensing carts, improved control of narcotics and automated medication audits required by the Washington State Board of Pharmacy.

Emergency Medical Services

Emergency Medical Services (EMS) is responsible for providing pre-hospital emergency services in King County and regional leadership through the formation of partnerships with cities and fire departments providing EMS services in King County. Four primary programs are provided as described in the *Medic One/EMS 2008-2013 Strategic Plan*: 1) Paramedic or Advanced Life Support Services (ALS); 2) Basic Life Support Services (BLS) are provided in partnership with local fire departments with partial assistance from the EMS levy; 3) Regional Support Services; and 4) Strategic Initiatives designed to improve the system. A regional EMS Advisory Committee provides guidance and review of decisions made within the system. As part of King County's goal to protect and improve the health and well being of people in King County, EMS services are within the PHOMP Provision Domain to increase the number of healthy years lived by people in King County and contribute towards eliminating health disparities through access to quality emergency pre-hospital services.

A separate division in the PH Fund includes EMS Grants, Entrepreneurial Programs and donations. These projects are placed in a separate section as they are supplementary to the EMS Levy fund and rely on outside funding sources and provide services outside those included in the EMS levy. Two major areas are research grants and the EMS Online entrepreneurial projects.

Sections/Programs

Provision: ALS Provider Services
Paramedic/Advanced Life Support (ALS) Services

Provision: BLS Provider Services
Basic Life Support (BLS) Services

Provision: Regional Support Services
Regional Support Service

Provision: EMS Initiatives
EMS Strategic Initiatives

Provision: Contingency Reserves
Contingencies, Reserves & Audit

Provision: EMS Grants (P.H. Fund)
Center for Evaluation of EMS (CEEMS)
Program to Integrate Technology and Cardiac Arrest Resuscitation (PITCAR)
EMS Entrepreneurial Projects
King County Medic One Donations

Program Descriptions

Provision: ALS Provider Services

Paramedic/Advanced Life Support (ALS) Services: Paramedics provide pre-hospital care for serious or life-threatening injuries and illnesses, and administer advanced life support services that include airway control, intubation, heart pacing, defibrillation, and dispensing of medicine under the medical supervision of the Regional Medical Director. Services in King County outside the City of Seattle are provided by six agencies: Shoreline Fire Department, Redmond Fire Department, Bellevue Fire Department, Vashon Fire & Rescue, King County Medic One and Snohomish County FD 26 provide services to the Skykomish area of King County from Baring to Stevens Pass.

Provision: BLS Provider Services

Basic Life Support (BLS) Services: Emergency Medical Technician (EMT)/Fire Fighters provide first-on-scene medical care and respond to all requests for pre-hospital medical care in King County. They administer basic life support services (including cardiac defibrillation) under the medical supervision of the Regional Medical Director. BLS services are provided by 30 fire agencies in King County.

Provision: Regional Support Services

Regional Support Services: Regional Support Services are the core services managed by the EMS Division that support and supplement the direct service activities of the Medic One/EMS system. These services are essential to providing the highest quality pre-hospital care and emphasize the uniformity of medical care and dispatch across jurisdictions, consistency and excellence in training, and medical quality assurance. Specific program areas include Medical Direction, EMS Training, Community Programs, Strategic Planning and Data Management, and Administration including Regional Leadership and Financial Management. Strategic Initiative CBD Software development and CAD Integration projects at all communications centers in King County resulted in some cost savings for Regional Support Services. These projects were designed to accomplish greater speed and efficiency in dispatch call processing and provide enhanced data collection for supervisors and administrators for quality improvement activities.

Provision: EMS Initiatives

EMS Strategic Initiatives: Strategic Initiatives are specific projects that complement the activities of Regional Support Services. These initiatives are designed to improve the quality of Medic One/EMS services and manage the growth and costs of the system. Specific project areas include dispatch, data collection, online EMS training, and injury prevention.

Provision: Contingency Reserves

Contingencies, Reserves & Audit: The EMS financial policies adopted by council ordinance for the 2008-2009 EMS Levy include funds for audits by the King County Council auditor and restricted contingencies for Disaster Response and ALS Salary and Wage increases above

forecast amounts. Use of Disaster Response funds may only be expended with a proclamation of emergency by the county executive. The ALS Salary and Wage contingency may be accessed if inflation exceeds the relevant cost index and requires a "declaration of unexpected inflation by the county executive". Use of either of these contingencies requires a proclamation/declaration by the County Executive and notification to the King County Council and the Medic One/EMS Advisory Committee. The fund also includes contingent budget authority to accommodate minor changes that occur during the year and allows programs to use their program/provider balances. Designated reserves were established in the 2008-2013 Medic One/EMS levy financial plan to maintain Medic One operations if inflation exceeds forecasted levels. Any designated reserve requirement may be temporarily suspended by declaration of unexpected inflation by the county executive as described in Ordinance 15861. Current reserves for unanticipated inflation include diesel cost stabilization, pharmaceuticals/medical equipment and call volume/utilization. There are also reserves for chassis obsolescence/medic vehicles, risk abatement, and millage reduction. In addition, there are designations for provider/program balances.

Provision: EMS Grants (PH Fund)

Center for Evaluation of Emergency Medical Services (CEEMS) undertakes research in the field of pre-hospital emergency care. CEEMS is supported by grants and staffed by investigators from the University of Washington and employees of the EMS Division. A major new grant for CEEMS is the Program to Integrate Technology and Cardiac Arrest Resuscitation (PITCAR). It is a new 4-year grant beginning in mid-2009 with funding from the Life Sciences Discovery Fund (LSDF) Authority. The focus of the grant is to develop, evaluate and implement advanced technologies in the field of resuscitation science to improve outcomes from cardiac arrest.

Medtronics Grant. The Medtronic Foundation has awarded a $1.3 million non-competitive 5-year grant to CEEMS to participate in the HeartRescue Project. The project aims to improve survival from sudden cardiac arrest by 50% throughout Washington State using a system-based approach to improve, strengthen and enhance two levels of care - community response and pre-hospital response. CEEMS will partner with other state EMS agencies to implement strategies to improve the care and treatment of sudden cardiac arrest victims.

Program to Integrate Technology and Cardiac Arrest Resuscitation (PITCAR)
A major new grant for CEEMS is the Program to Integrate Technology and Cardiac Arrest Resuscitation (PITCAR). This is a new 4-year grant beginning in mid-2009 with funding from the Life Sciences Discovery Fund (LSDF) Authority. The focus of the grant is to develop, evaluate and implement advanced technologies in the field of resuscitation science to improve outcomes from cardiac arrest.

King County Medic One Donations: King County Medic One (KCM1) receives donations from private residents. These funds are used for training and equipment for the KCM1 program.

EMS Entrepreneurial Projects allow distribution of state-of-the art Web-based EMS training and dispatch products to EMS providers outside of King County.

2011 Budget Change Drivers

Economic conditions have changed significantly since the EMS levy was planned in 2006 (for placement on the ballot in 2007). These conditions have contributed to significant changes.

Property taxes – Assessed values continue to decrease and the EMS levy is capped at 30 cents/$1,000 AV. Current forecast includes decreases in property tax revenues. For the 2008-2013 levy period these are balanced by higher than planned property tax collections in 2008 and 2009 and lowered than planned expenditures.

CPI – General inflation is forecast to remain lower than the original levy plan. The ALS, BLS, and Regional Support Services programs are supported by allocations that include CPI as a major component of the year-to-year increases. Lower than projected CPI has resulted in allocations lower than originally planned creating "savings" or lowered expenses from original plan.

COLA – Guaranteed COLA increases are exceeding revenue growth and increases in allocations. The fund can accommodate these, through the use of reserves, for the next few years. However, COLA growth above CPI will mean making decisions to not continue some programs or not fund new initiatives with the intent of focusing on programs with direct patient care impacts.

ALS service expansion – Response times in the Kent area have continued to degrade over the last few years. Extensive analysis indicates that Medic 7, currently located in an industrial area on the valley floor should move eastward to best provide service. This move affects the ability to provide night time service to Medic 13 in the Des Moines area. The most effective solution is to move Medic 7 and expand Medic 13 from a 12-hour to a 24-hour unit.

ALS service expansion reductions – Apart from the Medic 7 issue, ALS call volumes and response times are stable in the region and ALS providers all agree that additional services are not likely needed for the remainder of the levy period. The Financial Plan included in the budget submittal removes the additional two 12-hour units planned for 2012 and 2013.

Grants – In addition to continuing the PITCAR grant (Program for Integration of Cardiac Arrest) grant from LSDF (Life Sciences Discovery Fund) awarded in 2009, EMS was awarded a $1.5 million 5-year non-competitive grant from the Medtronics Foundation to improve survival rates from cardiac arrest by 50% in the State of Washington.

Efficiency Reviews – Traditionally EMS efficiency reviews have focused on overall operational efficiencies and patient outcomes. These often focus on cost avoidance (for example, reducing the number of ALS units that may need to be added to the system). Looking forward to future revenue challenges, the EMS Division is looking at expanding cost efficiency programs, including the regional purchasing program, and reviewing priorities. In addition to the recommendation to take out the planned expansion of 2 12-hour ALS units, the financial plan includes reductions in the lifetime budgets of some Strategic Initiatives. Given the regional nature of the organization, some reviews that are currently underway will be included in the 2012 budget submittal.

Reserves – Levels and types of contingencies and reserves have been revised based on the 2009 audit of EMS' 2008 financials, economic conditions and operational needs. Work on refining reserves, based on feedback from the EMS Advisory Committee (EMSAC) and the EMSAC Financial Subcommittee will continue in July and August and be incorporated in the 2011 PRO financial plan. The focus will be on "rainy day" needs and creating disincentives to use the reserves while at the same time meeting operational needs.

Countywide Strategic Plan Alignment

EMS primarily supports the "increase the number of healthy years that residents live" goal in the Health & Human Potential category with a focus on improving patient outcomes and survivability from cardiac arrests. The direct service provision of emergency medical services directly supports the "Decrease damage or harm in the event of a regional crisis" goal in the Justice & Safety priority. Disaster relief contingency is available that allows the ALS system to significantly increase response capacity in an emergency.

2011 Budget Changes and Prioritization Criteria

EMS budget changes to both the 2011 budget and 2011 Financial Plan area based on the three main objectives of *Medic One/EMS 2008-2013 Strategic Plan*:

1. Maintain the Medic One/EMS system as an integrated regional network of dispatch, basic and advanced life support services provided by King County, local cities, and fire districts.
    - Emergency Medical Dispatchers receive 9-1-1 calls from citizens and rapidly triage the call to send the appropriate level of medical aid to the patient, while providing pre-arrival instructions to the caller.
    - Fire fighters, trained as EMTs, provide rapid, first-on-scene response to EMS calls and deliver immediate basic life support services.
    - Paramedics provide advanced out-of-hospital emergency medical care for serious or life-threatening injuries and illnesses.
    - Regional Support Services emphasize uniformity of medical care across jurisdictions, consistency and excellence in training, and medical quality assurance.

2. Make regional delivery and funding decisions cooperatively, and balance the needs of ALS, BLS, and regional programs from a system-wide perspective.

3. Develop and implement strategic initiatives to provide greater efficiencies within the system that:
    - Maintain or improve current standards of patient care;
    - Improve the operational efficiencies of the system to help contain costs; and
    - Manage the rate of growth in the demand for Medic One/EMS Services.

In addition to aligning decisions with the strategic plan, existing programs and assumptions were reviewed to identify programs and future expansions that could be reduced or eliminated.

Criteria looked at the contribution to the EMS system and potential duplications of activities elsewhere. Any new proposals were assessed with the impact on overall EMS system cost efficiencies in mind (ex. TRP/Telephone Referral Project) the ability to leverage local efforts (ex. PAD/Public Access Defibrillation) and the relationship of projects to EMS's critical chain of survival.

2011 Budget Changes

ABT Cuts (Section -- EMS Contingency)

The EMS Division recommends deleting a clerical position currently in EMS contingency. The position was originally proposed as part of the 2008-2013 Medic One/EMS Strategic Plan to cover administrative tasks related to the expanded levy programs. With the implementation of the ABT program, it was determined that the position would not be needed.

Strategic Initiative Efficiencies

In looking at funding priorities for the 2008-2013 levy, the EMS Division is recommending the elimination of one Strategic Initiative project and reducing funding for two other projects. The Community Programs Section is recommending both removal of the Non-emergency Public Awareness Campaign and discontinuation of the Injury Prevention Grant Acquisition initiatives from the 2008-2013 levy. The EMS Division determined the Non-emergency Public Awareness Campaign would duplicate efforts of another county agency (KC E-911) and was underfunded to achieve maximum benefit. The Injury Prevention Grant Acquisition initiative was added to the 2008-2013 EMS levy to partner with local business in the supplies and services needed to address injury prevention activities and to acquire grants. The EMS Division has determined that due to ethics rules prohibiting EMS from requesting sponsorships and donations from businesses and the general non-competitiveness of EMS for injury prevention grants, that this program is not viable. In addition, the EMS Division was able to accommodate staff to support the Levy Planning initiative from within the existing Regional Support Services allocation. The Strategic Initiative is being reduced to reflect this savings.

Contingencies – Disaster Relief and ALS Salary and Wages (Section – Contingency)

The EMS Division and regional partners recommend revising the EMS Disaster Relief Contingency to cover the ability of the system to double response capacity for 21 days. This is a decrease from amounts appropriated in previous years. In addition, they recommend zeroing out the ALS Salary and Wage Contingency and creating a separate Salary Reserve with lowered levels of funding (more information in reserves discussion below). These contingencies are both related to the ALS programs.

Use of Reserves (Section – ALS)

The EMS Division recommends use of reserves to cover the following areas: increased dispatch costs, increased vehicle costs (aligning with recommendations in current audit), covering the difference between allocation provided to providers and the minimum 2% COLA many are committed to or anticipating in 2011 and consistent with policy of covering costs – "full cost recovery". A proposed reserve policy would decrease the amount of COLA covered by EMS

levy in future years, Also included are funds for previously approved facility moves, funds to cover circumstances where an ALS agencies paid time off is over 10% above the amount included in the ALS allocation.

ALS Service Issues in Kent and south KC central valley area (Section - ALS)

The EMS Division recommends moving Medic 7 to a more optimal location on the east Kent hill in January 2011 to continue to address service delivery issues in the Kent area related to prolonged response times. This will also move the unit out of the flood plain. This move requires increasing Medic 13 in Des Moines from a 12hr to a 24hr unit in order to maintain service delivery in the south King County central area. This is the second phase of the already approved 2010 plan and both of these moves are consistent with the Medic One/EMS Strategic Plan and council adopted levy financial plan.

Use of KCM1 Equipment Replacement Reserves

This proposal includes use of KCM1 equipment replacement reserves to replace existing back-up medic units and retire current medic units into back-up status. Funds to provide replacement of major equipment are included in an equipment allocation that each ALS agency is responsible for managing to ensure sufficient funds are available to replace major equipment. KCM1 has been placing these funds into an equipment replacement reserves account to use when vehicles need to be replaced. The recommendations of the 2010 audit of 2009 EMS financials will be incorporated, as appropriate, into this planned purchase.

Regional Support Services Changes

Increases included in the 2011 PSQ (primarily related to salaries) were accommodated by use of a ~$230,000 contra. To accommodate these increases, and position reclasses not included in the PSQ, Regional Support Services managers identified efficiencies to offset increased costs. These efficiencies included reducing the Small Grants for EMS Agency Program and reducing funds where program managers identified costs to be eliminated without affecting programmatic needs (including EMT Basic Training, maintenance related to the Regional Data Collection project, etc.).

RSS Program Balances -- Expansion of Public Access Defibrillation Program (RAMPART) and Telephone Referral Project/Nurselife (TRP/NL)

The EMS Division is recommending small expansions in both of these successful programs using program balances saved from prior year's allocations. The proposal includes funding as a result of improved utilization of the Telephone Referral Program to direct appropriate 9-1-1 calls to a consulting nurseline (see additional information below) and expansion of a pilot Public Access Defibrillation (PAD) program to place Automatic External Defibrillators at high risk locations for cardiac arrest in partnership with the defibrillator registry program. Improvements in the TRP/NL program saves Fire Agency funds by sending certain low acuity EMS calls to a nurseline rather than dispatching a BLS unit. The PAD program is designed to address a critical link in the EMS "chain of survival" – bystander CPR/AED. Funds are provided to local agencies, including King County, to purchase and place AEDs in high risk locations and provide training of county and municipal employees. The budget proposes expanding the pilot program by $20,000 (from $60,000 to $80,000) to increase the number of recipients from the current 6 agencies to approximately 10 agencies.

Reoganizations (RSS/SI/ALS)
To promote transparency in EMSs budget and reporting, the submittal includes re-organizations. These involve separating out emergency medical dispatch from other community programs and the ability to roll-up ALS funds not currently assigned to a single agency into the ALS section.

2011 Financial Plan Changes

ALS Service Expansion Reductions
The EMS Division and all ALS providers recommend removing two additional 12 hour ALS units planned for 2012 and 2013. Funds for these have been removed from the Financial Plan. Due to the relatively stable ALS call volumes and response times (outside of the Kent Valley issue addressed above), the region does not foresee the need to add additional units during this levy period. This is consistent with prioritizing existing service over new service.

Strategic Initiative Reductions
The Financial Plan includes lifetime reductions in some Strategic Initiatives. These were achieved by looking at alternative ways of accomplishing initiatives, and determining that some initiatives may no longer be a priority.

Reserves
Based on the KC Council Auditor's 2009 audit of 2008 financials, the region has evaluated EMS reserves to reformulate and recalculate these to both focus on the operational needs and risks related to existing ALS service and changes related to the current economic downturn. The region (including the EMS Advisory Committee and EMSAC Financial Subcommittee) have reviewed and recommended changes resulting in reserves to address current needs and economic conditions while preserving funds for millage reduction or stabilization in the next levy period.

Efficiencies (that don't have budget impact)

Improved Patient Outcomes: The Medical QI section's focus on quality improvement and assurance has resulted in improved patient care protocols that in turn result in better patient survival and improved outcomes. Research, quality improvement reviews and analysis has been used to enhance pre-hospital interventions and enabled survival from cardiac arrest in King County to be among the best in the world. Because of the close and coordinated interface between pre-hospital and hospital, EMS performance directly impacts hospital resources and care for this critical condition. The result on research on defibrillation protocol has enhanced cardiac arrest survival rate (VF witnessed) by 10%. Another project that measures EMS times and patient care data for patients experiencing a STEMI (heart attack), and thus making system changes to address areas for improvement will shorten the time to treatment; thereby saving more lives of people at risk for cardiac arrest. Improved patient outcomes reduce costs on the health care system and improve individual patient's quality of life and ability to contribute to society and the economy.

Criteria Based Dispatch (CBD) Guidelines Revisions: Since 1998 one of the strategies used to decrease the rate of growth of ALS calls was a data driven approach to revising the CBD Guidelines. These 9-1-1 dispatch guidelines are effective in managing the level of EMS response (ALS & BLS). The CBD Guidelines have been revised 4 times over the last 15 years, with 3 major revisions in 2000, 2004 and 2007. An analysis of call volumes before and after the guidelines changes showed cost avoidance of over $49 million, including almost $10 million in 2008. EMS continues to refine these guidelines to enhance the ability to avoid adding ALS units to address call volume issues (for more analysis see appendix).

Enhanced Rapid Dispatch/Telephone Referral Program (TRP) Improvements: The EMS Telephone Referral Program allows 9-1-1 call receivers to transfer certain low-acuity, non-emergent patients to a nurse line for consultation, advice, and referral to appropriate medical care. The TRP has been in place since 2000 but was being underutilized for many years. In 2008, a pilot project increased the use of the TRP by modifying 9-1-1 EMS call-processing procedures and made improvements to nurse line call handling methods. As a result, transfers to the TRP increased resulting in BLS agencies not responding to 2,122 calls in 2009. It is estimated that EMS system cost savings were approximately $422,000 dollars in 2009 and potentially $1,333,000 over the ten year period from 2000-2009. It is anticipated the EMS system cost savings (to BLS) agencies will maintain or increase in 2011.

Community Medical Technician (CMT) Pilot Project: A key objective of the upcoming CMT pilot is to demonstrate a more cost and resource-efficient fire department response unit for low acuity, non-emergent patients. BLS responses in King County have been increasing by an average of 2.8% per year since 2000. The primary BLS response unit for most fire departments is a transport-capable Aid unit staffed by two firefighter/EMTs (48% of King County cases in 2008). But 35% were handled by costlier, non-transport-capable fire engines, staffed by three firefighter/EMTs. Beginning 7/1/10, the six-month CMT pilot project will deploy two EMTs in a light duty SUV to non-emergent patients. The project intends to demonstrate EMS savings in personnel costs, fire apparatus operating costs, deferred apparatus replacement costs, and improved management of low-acuity EMS call growth.

Online Training for EMTs and Dispatchers. The provision of on-line training for Emergency Medical Technicians (EMTs) and Dispatchers has reduced costs associated with the didactic portion of continuing education for fire and dispatch agencies. Personnel are able to complete the didactic portion of their training during regular work hours on their own time. This avoids the costs to agencies of hiring a trainer and paying staff overtime to attend a class. In addition, technology adds the ability to provide more realistic scenarios, track compliance and track test results.

Attachment – Budget Submittal Back-up

2011 Budget: Medic 7 Relocation/Medic 13 Increase

The Emergency Medical Services (EMS) Division recommends moving Medic 7 to a more optimal location in January 2011 to continue to improve service delivery in the Kent area. This move requires increasing Medic 13 from a 12hr to a 24hr unit in order to maintain current service delivery in the South King County central area. This is the second phase of the already approved 2010 plan and is consistent with the Medic One/EMS Strategic Plan and adopted financial plan.

Background: In King County, paramedics provide Advanced Life Support (ALS) services for critical or life-threatening injury or illness. The Medic One/ EMS 2008-2013 Strategic Plan forecast the potential need for an additional 0.5 medic unit in 2010 (the plan includes four 0.5 medic unit additions throughout the six-year EMS levy period). In March 2009, the EMS Division conducted a regional review of all medic units in King County to assess the need for the additional service, including an assessment of current medic unit performance, modeling of potential relocations that could improve performance, and finally modeling of potential additional service.

Criteria for assessing medic unit performance include:

- *Workload trends* (standard range of 1,400 -2,500 calls/24hr unit, exceptions in outlying areas).
- *Average unit response time trends* (standard of <10 minutes).
- *Fractile response time trends for <8min, <10min, <12min, ≤14 min* (standard of 80% of calls in ≤ 14 min.).
- *% back up response trends* (standard of no more than >20% backup from other units).
- *Critical patient exposures/skills trends* (includes cardiac arrests, intubation, peripheral IV, central line IV, and proportion of paramedics per 100,000 population).

Regional review findings:

- Paramedic service in the *north end was stable*. No new service or unit relocations were necessary.
- Paramedic service in the *south end showed declining service delivery*. Specific issues related to average medic unit response times (increased 6.4% to 9.2 minutes) and fractiles for most medic units (decreased at all levels, most noticeably in 8 and 10 minutes ranges – 21.9% and 13.4% respectively).
- *Modeled relocation of Medic 5 and Medic 7* showed marked improvement in overall workload distribution, and in overall KCM1 average unit response times (from 8.03 minutes to 7.54 minutes). However, the proposed Medic 7 move negatively impacted medic service in the south King County central area at night due to Medic 13's 12hr status. Modeled Medic 13 service at 24 hrs further improved overall KCM1 average unit response times to 7.31 minutes.

The EMS Advisory Committee **recommended** and the **King County Council adopted** during the 2010 budget process a phased approach:

- Phase I: Relocation of **Medic 5** to downtown Renton immediately. Delayed addition of service from September 2010 to January 2011.
- Phase II: Relocation of **Medic 7** to East Kent and added **Medic 13** service from 12hr to 24hr in January 2011 following verification of continued poor unit performance despite Medic 5 relocation.

Current Status: Medic 5 was relocated to Station #11 in downtown Renton as planned in November 2009. Expected improvements to both call volume distribution and average unit response times were realized immediately for Medic 5. However, Medic 7 continues to have increased average unit response times in addition to being in the Howard Hansen Dam flood plain.

Medic Unit	Nov2008/Mar2009 Avg Unit Response Times (5mon)	Nov2009/Mar2010 Avg Unit Response Time (5mon)
Medic 5	10.0 minutes	8.6 minutes
Medic 7	10.0 minutes	**9.7 minutes**

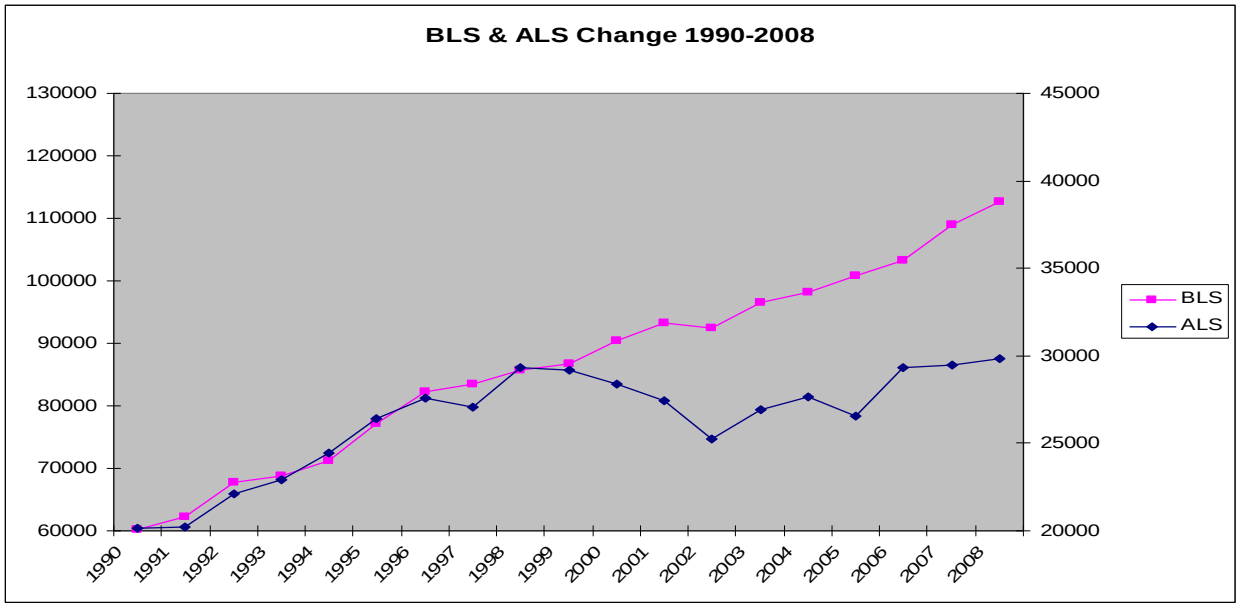
Recommendation: Move **Medic 7** to the East Hill (either co-located with King County Medic 1 Headquarters or as a stand alone unit) and increase **Medic 13** service from 12 hr to 24hr in January 2011 as planned.

Attachment – Cost Efficiencies

CBD Guidelines Revisions.

Over the last 3 levy periods, one of the strategies used to decrease the rate of growth of ALS calls was a data driven approach to revising the CBD Guidelines. These 9-1-1 dispatch guidelines are effective in managing the level of EMS response, ALS or BLS. The CBD Guidelines have been revised 4 times over that last 15 years, with 3 of those major revisions occurring in 2000, 2004 and 2007. An analysis of ALS call volume trends over the 18 year period between 1990 and 2008, showed a typical trend of annual increases between 1990 and 1998 (ALS Volume 29,334). This was followed by a subsequent period of call volume decreases from the 1998 level until 2006 when the call volume leveled off at 29,831 in 2008. This represents a total increase in ALS call volume of only 497 calls in a 10 year period. (See graph 1)

Graph 1



A cost avoidance analysis prepared by the EMS Division shows a hypothetical call volume of 38,726 in 2008, had the trend from the previous decade continued without intervention. This analysis showed a potential cost avoidance of $52,116,190 for the EMS Levy over a 10 year period between 1999 and 2008. (See chart #1)

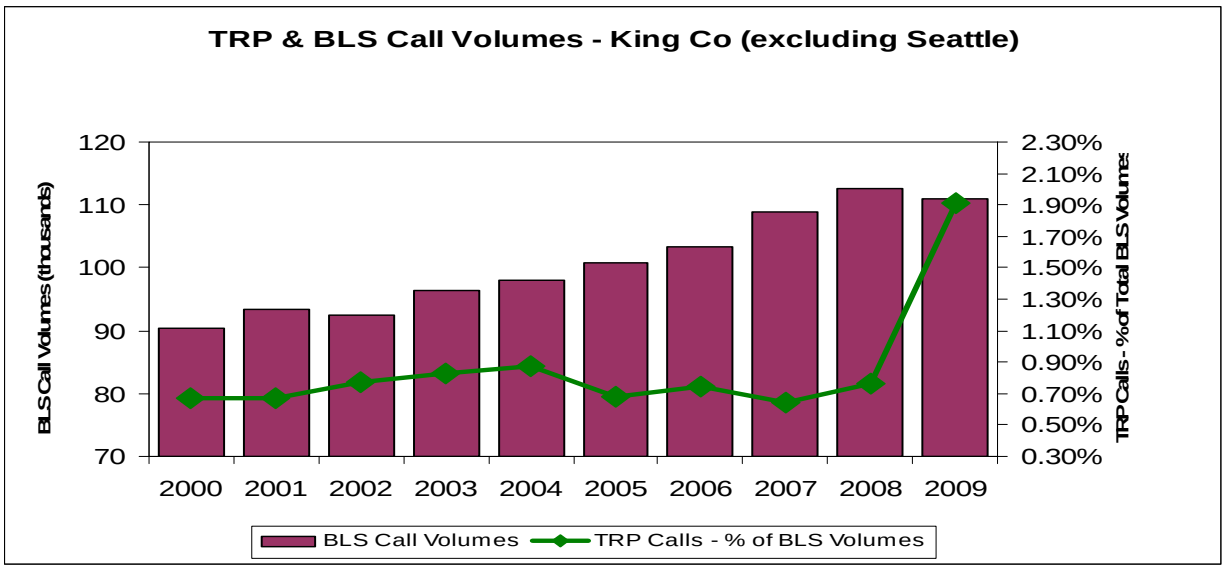
Chart 1:

ALS Cost Avoidance Projection (Call Prediction for 1999 to 2008 based on BLS Rate % Increase)
6/18/2010

Year	Actual KC ALS Call Volume	BLS % Change	Projected Call Volume Increase based on Pop	Projected Call Volume Total based on BLS% Change	Difference Between Actual & Projected	ALS Cost per Call per Bradshaw	ALS Cost per year Savings
1998	**29,334**						
1999	29,178	4.2%	1232	30,566	-1,388	468	(649,597)
2000	28,410	3.3%	1009	31,575	-3,165	545	(1,724,765)
2001	27,452	-0.8%	-253	31,322	-3,870	554	(2,144,041)
2002	25,281	4.2%	1316	32,638	-7,357	808	(5,944,163)
2003	26,894	1.7%	555	33,192	-6,298	760	(4,786,843)
2004	27,647	2.8%	929	34,122	-6,475	833	(5,393,564)
2005	26,530	2.4%	819	34,941	-8,411	968	(8,141,647)
2006	29,336	1.7%	594	35,535	-6,199	936	(5,802,063)
2007	29,473	5.5%	1954	37,489	-8,016	975	(7,815,794)
2008	29,831	3.3%	1237	38,726	-8,895	$ 1,092	(9,713,714)
						10 Yr Total	**$ (52,116,190)**

Enhanced Rapid Dispatch/Telephone Referral Program (TRP) Improvements

One of the strategic initiatives in the 2008-2013 EMS levy was better management of non-emergency BLS calls. BLS responses have been increasing by an average of 2.8% per year since 2000. A key goal was increasing appropriate use of the Telephone Referral Program (TRP), also known as Nurseline. The TRP provides an alternative for low-acuity, non-emergent patients who call 911, but it had been under-utilized for several years. Through a combination of efforts, including Nurseline call handling improvements and implementation of Enhanced Rapid Dispatch at Valley Communications Center, TRP transfers increased from 700 in 2007 to 2,122 in 2009 (+1,422); an increase of 203%. Simultaneously, overall BLS call volumes in King County dropped in 2009 by 1.5%, the first such drop since 2002.



TRP/NL & BLS Call Volumes - King County (excluding Seattle)

Year	NORCOM	% of Total	Valley Comm	% of Total	TRP Call Volumes	% of Change	BLS Response to T-IDC Incidents	BLS Call Volumes	% of Change	TRP Calls - % of BLS Volumes
2000	339	56%	269	44%	608		18	90,345		0.67%
2001	421	67%	208	33%	629	3.5%	551	93,305	3.3%	0.67%
2002	335	47%	378	53%	713	13.4%	1,444	92,536	-0.8%	0.77%
2003	328	41%	472	59%	800	12.2%	1,980	96,442	4.2%	0.83%
2004	336	39%	521	61%	857	7.1%	2,985	98,071	1.7%	0.87%
2005	289	42%	396	58%	685	-20.1%	2,663	100,845	2.8%	0.68%
2006	275	36%	491	64%	766	11.8%	3,263	103,260	2.4%	0.74%
2007	315	45%	385	55%	700	-8.6%	3,584	108,935	5.5%	0.64%
2008	368	43%	490	57%	858	22.6%	7,204	112,565	3.3%	0.76%
2009	810	38%	1,312	62%	2,122	147.3%	5,247	110,922	-1.5%	1.91%
total	3,816	45.4%	4,922	54.6%	8,738		28,939	1,007,226		0.87%
Avg Change 2000-08 (Before Non-Emerg Call SI)						5.2%			2.8%	
8 year growth						41.1%			24.6%	
Avg Change 2000-09 (After Non-Emer Call SI began)						21.0%			2.3%	
9 year growth (00-09)						249.0%			22.8%	